



Lincoln Mutual Life and Casualty Insurance Company

4510 13th Ave. S. • P.O. Box 1918
Fargo, North Dakota 58107-1918

STATE	GROUP NUMBER	SOCIAL SECURITY NUMBER

GROUP INSURANCE ENROLLMENT CARD

NAME - LAST		FIRST	MIDDLE	DATE OF BIRTH			ANNUAL SALARY		
				MM	DD	YY			
ADDRESS		CITY	STATE	ZIP	LIFE	DEP LIFE	STD	LTD	SUPPLEMENTAL LIFE AMOUNT
EFFECTIVE DATE		CLASS	FULL-TIME EMPLOYMENT DATE	MARITAL STATUS	SEX	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/> _____
MM	DD		MM	DD	YY	NO* <input type="checkbox"/>	NO* <input type="checkbox"/>	NO* <input type="checkbox"/>	NO* <input type="checkbox"/>
			<input type="checkbox"/> SINGLE	<input type="checkbox"/> MALE					
			<input type="checkbox"/> MARRIED	<input type="checkbox"/> FEMALE					
EMPLOYER'S NAME							OCCUPATION		

PRIMARY BENEFICIARY'S NAME: _____ RELATIONSHIP: _____

(EXAMPLE: "HELEN LOUISE JONES" - NOT "MRS. H.L. JONES")

CONTINGENT BENEFICIARY'S NAME: _____ RELATIONSHIP: _____

I REQUEST THE GROUP INSURANCE TO WHICH I AM ENTITLED OR TO WHICH I MAY BECOME ENTITLED UNDER THE PROVISIONS OF THE GROUP POLICY OR POLICIES ISSUED BY THE INS. CO. AND I AUTHORIZE THE PROPER DEDUCTIONS, IF ANY, FROM MY EARNINGS AS MY CONTRIBUTIONS TOWARDS THE COST OF THIS INSURANCE.

* THE GROUP BENEFIT PLAN PROVIDED BY MY EMPLOYER HAS BEEN EXPLAINED TO ME THOROUGHLY, AND I UNDERSTAND IT FULLY. I ELECT NOT TO PARTICIPATE AND UNDERSTAND THAT I WILL NOT BE ENTITLED TO ANY BENEFITS PROVIDED BY THE PLAN. I MAKE THIS ELECTION VOLUNTARILY AND UNDER NO COMPULSION OR DURESS.

