



LIFE/LTC INSURANCE ENROLLMENT/CHANGE
(Payroll Deduction Authorization)

Human Resource Mgmt
304 Thomas Boyd

 New enrollment Change Cancel & Term. (check desired plan and coverage)

<u> </u> UNUM Life	<u> </u> Amer Heritage Un	<u> </u> New York Life	<u> </u> Realistar/Horizon	<u> </u> Provident Univ	<u> </u> UNUM Long Term Care
<u> </u> Employee <u> </u> Empl AD&D <u> </u> Spouse <u> </u> Spouse AD&D <u> </u> Children <u> </u> Children AD&D Ded Code 014	<u> </u> Employee <u> </u> Employee plus one <u> </u> Family 12 mo rate prem _____ Ded Code 006	<u> </u> Employee <u> </u> Employee plus one <u> </u> Family 12 mo rate prem _____ Ded Code 007	<u> </u> Employee <u> </u> Spouse <u> </u> Children 12 mo rate prem _____ Ded Code 110	<u> </u> Employee <u> </u> Spouse <u> </u> Children 12 mo rate prem _____ Ded Code 112	<u> </u> Employee <u> </u> Employee & Spouse <u> </u> Spouse Ded Code 124

Last Name _____ First _____ Middle _____ Birthdate ____/____/____ Social Security No. _____

Residence Address _____ Male Female _____ Marriage Date ____/____/____

City _____ State _____ Zip Code _____ Single Married _____ No. of Elig. Dependents _____

() Home () Phone Work _____ Department _____ Date Hired ____/____/____

List all dependents to be participants in the plan:

M=Male A=Add
F=Female D=Delete
(Circle)

Last Name	First	Relationship	Date of Birth	
_____	_____	_____	____/____/____	M F A D
_____	_____	_____	____/____/____	M F A D
_____	_____	_____	____/____/____	M F A D
_____	_____	_____	____/____/____	M F A D
_____	_____	_____	____/____/____	M F A D
_____	_____	_____	____/____/____	M F A D

Change, due to: Marriage Death Not eligible
 Divorce Birth Other

I hereby authorize

For Office Use Only

<u> </u> deductions from my pay for the insurance coverage indicated above (if any required)	<u> </u> cancellation of my coverage	Term Date ____/____/____	Coverage effec ____/____/____
Employee Signature _____		Date ____/____/____	Change effec ____/____/____
			Total premium \$ _____
			LSU Rep _____