



PO Box 1650 | Little Rock | AR | 72203

## ENROLLMENT FORM | VOLUNTARY GROUP TERM LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D)

<input type="checkbox"/> New Enrollee		<input type="checkbox"/> Change		<input type="checkbox"/> Decline all coverages		Group #: 50003728			
Employer: If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this application to us.									
Employer's Name		Bank Forward							
<b>SECTION I. EMPLOYEE INFORMATION</b>									
Employee's Legal Name (First, MI, Last)					Social Security No.				
Home Address		City		State	Zip	Telephone No.			
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salary \$ _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual					
Occupation (Be Exact)			Dept/Location						
Hours Worked Weekly			Date Employed Full-time						
PLAN INFORMATION - Ask your employer for the details about the cost, if any, and whether you will be required to complete Evidence of Insurability (EOI).									
<b>SECTION II. VOLUNTARY COVERAGE(S) – SEE INSTRUCTIONS ON REVERSE OR PAGE 2</b>									
Complete this Section if applying for these coverages. Evidence of Insurability may be required.				Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
<b>A. Voluntary Group Life:</b>		Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>B. Voluntary AD&amp;D</b>		Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(EOI not required)		Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you intend to replace existing coverage with this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Dependents to be covered</b>				Gender	Relationship	Social Security No.		Date of Birth	
				<input type="checkbox"/> M <input type="checkbox"/> F					
				<input type="checkbox"/> M <input type="checkbox"/> F					
				<input type="checkbox"/> M <input type="checkbox"/> F					
				<input type="checkbox"/> M <input type="checkbox"/> F					
				<input type="checkbox"/> M <input type="checkbox"/> F					
Have you or your spouse (if applying for coverage) used tobacco or nicotine products in the past year?									
Employee <input type="checkbox"/> Yes <input type="checkbox"/> No									
Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No									
Are you actively at work on the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>SECTION III. EMPLOYEE BENEFICIARY DESIGNATION</b>				<input type="checkbox"/> Check if Change Only					
This will revoke any existing beneficiary designations you may have for these benefits.									
<b>PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):</b>									
Name (Last, First, MI)	Address		SSN	Birthdate	Relationship		Percentage		
Total must equal 100% =									
<b>CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):</b>									
Name (Last, First, MI)	Address		SSN	Birthdate	Relationship		Percentage		
Total must equal 100% =									



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I represent that the information provided above is true and correct to the best of my knowledge and belief. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For those coverages I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

**Warning:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### INSTRUCTIONS – How to Complete Section II

#### Initial Enrollment –Adding Coverage:

Check "Yes" by each coverage you want. Check "No" by each coverage you do not want.

If you checked "Yes" by a coverage, check the "Add New" box, and complete the "Total Amount of Coverage" for which you are applying.

For Example, you are applying for:

- Voluntary Group Life: \$50,000 on yourself, \$20,000 on your spouse, and no coverage on your children
- Voluntary AD&D: \$100,000 on yourself; \$50,000 on your spouse, \$5,000 on your children

#### SECTION II. VOLUNTARY COVERAGE(S)

Complete this Section if applying for these coverages.

Evidence of Insurability may be required.

			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	
	Spouse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$20,000	
	Children	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Voluntary AD&D:	Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000	
(EOI not required)	Spouse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	
	Children	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,000	

#### How To Change or Delete Coverage:

If you are changing any of your coverage, please complete the information for all of the coverage you have, so that we are sure we have everything correct. Be sure to check the appropriate "Add," "Delete," "Increase," or "Decrease" box.

For Example, you **currently** have:

- Voluntary Group Life: \$60,000 on yourself, \$30,000 on your spouse, and \$10,000 coverage on your children
- Voluntary AD&D: \$100,000 on yourself only

You want to **change** your coverage to:

- Voluntary Group Life: \$100,000 on yourself (increase), \$20,000 on spouse (decrease), and no coverage for children (delete)
- Voluntary AD&D: \$100,000 on yourself (no change), \$50,000 on spouse (add)

#### SECTION II. VOLUNTARY COVERAGE(S)

Complete this Section if applying for these coverages.

Evidence of Insurability may be required.

			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000	
	Spouse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$20,000	
	Children	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Voluntary AD&D:	Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000	
(EOI not required)	Spouse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	
	Children	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		