

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001

Group enrollment (Return this form to the above address - mail #E126 or fax to 877-208-4558)

For home office use

Client #	AD ID
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Print firmly in ink

Group # 0	Section	Social Security #
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Note: You must meet the actively-at-work requirements set forth in the policy in order for coverage to become effective.

Name (last, first, middle)						
Address line 1						
Address line 2						
City				State		ZIP
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate Mo Day Year		Married <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment date Mo Day Year	
County		Area code	Phone #		Annual salary amount	
Employer						
Job title						
Building / Location						

Complete this section when enrolling for life coverage

Primary beneficiary and relationship
Contingent beneficiary and relationship

Complete this section only if dependent coverage is being applied for.

List spouse and any unmarried dependent children at home or in college.

Spouse / Dependent name (last, first, middle)	Sex	Birth date	Mo	Day	Year	Social Security #
SP	<input type="checkbox"/> M <input type="checkbox"/> F					
D1	<input type="checkbox"/> M <input type="checkbox"/> F					
D2	<input type="checkbox"/> M <input type="checkbox"/> F					
D3	<input type="checkbox"/> M <input type="checkbox"/> F					

Do you and your spouse work for the same employer? Yes No

Note: A person cannot be insured as both an employee and a dependent.

I hereby elect the following coverage(s):

Disability Income Coverage - Short Term Disability Long Term Disability

Group Life Coverage - Basic Life/AD&D \$ _____ Coverage amount

Optional Life/AD&D \$ _____ Coverage amount \$ _____ Premium

Dependent Life - Spouse only Child(ren) only Family

Medical Supplement - Employee Employee & family Employee & spouse Employee & child(ren)

Vision - Employee Employee & family Employee & spouse Employee & child(ren)

Other _____ (please specify)

Additionally, by signing this form, if any of the above coverages require employee contribution, I hereby authorize my employer to deduct from my paycheck any funds necessary to pay for the coverage I have elected.

I agree that a photocopy of this authorization is as valid as the original.

Fraud notices

For your protection, state law requires the following to appear on this form.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Maryland, Oregon and Vermont – Any person who knowingly and with intent to defraud an insurer submits an application or files a claim containing false, incomplete, or misleading statements of material fact may be guilty of a crime.

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia, Kansas, Nebraska, Texas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Minnesota – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Completion of this enrollment form does not ensure that coverage will be extended.

Agent name _____

Agent # _____

Date _____

Coverage is subject to the plan terms. I do not wish to participate.

Employee signature _____

Date _____

This product is underwritten by Horace Mann Life Insurance Company.