

_____ Name & Relationship (Primary)

_____ Name & Relationship (Contingent)

Guardian Voluntary Life – 100% Employee Paid

I choose the following life insurance coverage:

- Employee Only**
- Employee + Spouse**
- Employee + Child(ren)**
- Waive:** I choose not to participate in the voluntary life insurance plan.

If enrolling in Guardian for the first time, additional enrollment documents will be sent.

Dependent Information:

Type of Dependent	Dependent's Full Legal Name	Dependent Gender M/F	Dependent Date of Birth	Dependent Social Security Number
Spouse				
Child				
Child				
Child				
Child				

I understand the coverage I have elected is effective _____.
If I waive coverage, I cannot enroll until the December 2021 open enrollment, unless I have a qualifying event.

Employee Signature

Date