

**ASSURITY LIFE INSURANCE COMPANY (LINCOLN, NEBRASKA) - GROUP ENROLLMENT FORM**

<b>Last Name</b>		<b>First</b>		<b>Middle Initial</b>		Certificate No.			
<b>Address (City, State &amp; Zip)</b>				<b>Social Security Number</b>					
Name of Policyholder <b>Lincoln Education Association</b>				City & State <b>Lincoln NE</b>		Effective Date			
<b>Date Employed Full Time</b> Month    Day    Year		<b>Date of Birth</b> Month    Day    Year		<b># hrs worked</b> per week	<b>Occupation or Title</b>			Unit No.	Class
<input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Female <input type="checkbox"/> Single		<b>Last Name of Beneficiary</b>		<b>First</b>	<b>Middle Initial</b>	<b>Relationship</b>			
		Primary _____		_____	_____	_____			
		Contingent _____		_____	_____	_____			
Exact Salary		<input type="checkbox"/> Annual	<input type="checkbox"/> Week						
\$ _____		<input type="checkbox"/> Month	<input type="checkbox"/> Hour						
<b>Coverage Applied For:</b>									
Life		Self	<input checked="" type="checkbox"/>						
I hereby apply for the insurance to which I am now entitled or to which I may become entitled under the provision of the Group Policy or Policies issued to LEA and authorize deductions from my earnings of the required premium contribution toward the cost of the insurance.									
				_____		_____			
				<b>Date Signed</b>		<b>Signature of Member</b>			