

# Employee Enrollment Form

Please Type or Print All Information

## CONSUMERS LIFE

A MEDICAL MUTUAL COMPANY

15885 W Sprague Road  
Strongsville, Ohio 44136-1772

Change

New Enrollment

**BENEFICIARY DESIGNATION** (For Employee Only: Must be completed if you have applied for life and/or AD&D insurance). If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary (ies). If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage.)

LAST NAME	FIRST NAME	DATE OF BIRTH	RELATIONSHIP	BENEFIT %
Primary		/ /		100
Primary		/ /		..
Contingent		/ /		" "
Contingent		/ /		" "

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received: \_\_\_\_\_

Date: \_\_\_\_\_