

Group Insurance Enrollment Form Guardian Life Insurance

Policy #: 374331 City of Newton

PERSONAL DATA

Employee Name:		SS#:	-	-	DOB:
Home Address:		1	N	1ale	Female
MPLOYMENT INFORMATION					
Date Employed:	Workplace Location: Massachusetts		Occupation:		
Base Earnings from this Employer (Annually): \$			Department:		
IFE INSURANCE INFORMATION Check the options you would like	: Basic (\$5,000)	0)ptional Li	fe	
	: Basic (\$5,000))ptional Li //aximum		Flat Amount: Ś
Check the options you would like	ess, Social Security Number, Relationship	N			Flat Amount: Ś
Check the options you would like		N			Flat Amount: Ś
Check the options you would like		N			Flat Amount: Ś
Check the options you would like Beneficiary (ies): Full Name, Addr *I apply for Insurance under the C		p: ions from my v	/laximum	cover my co	