



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135

Mailing Address: Symetra Select Benefits
PO Box 440 | Ashland, WI 54806
Overnight deliveries to: 118 3rd Street East | Ashland, WI 5480
Phone 1-800-497-3699 | Fax (715) 682-5919

ENROLLMENT/CHANGE REQUEST

For Select Benefits Group Insurance

Group Information (To be Completed by Employer)

Group name	Effective date for action requested	Group number
Newly-Eligible Request	Subsequent Enrollment Period	Special Enrollment Request
Reason _____		

Your Information (To be completed by individual requesting coverage)

Name				Social Security number	
Date of birth	Date of hire	Gender M F	Home phone		Work phone
Job title / occupation		I am actively working Yes No		Average number of hours worked per week	
Home address			City	State	Zip
Email address			Marital Status		
			Single	Married	Divorced
			Legally Separated	Separated	Widowed
			Domestic Partner	Civil Union	Common Law

Action Requested

- Enroll in the coverage for insurance as selected below.
- Change (add, increase, decrease, terminate) my current coverage, as shown below.
- Update information about me, my dependents and/or beneficiaries.
- Terminate all current coverage.

Coverage

Option <u>Fixed-Payment Medical</u>	Self
Identify coverage option _____	Self plus 1
	Self plus 2 or more

Dependent Information (Complete to add, change or terminate coverage for dependents. List additional dependents on a separate sheet and attach to this form.)

No person can be insured under any policy as both a certificateholder and a dependent, or as a dependent of more than one certificateholder.

The effective date of coverage for a dependent who is confined may be delayed.

Name

Date of birth	Gender M F	Full-time student Yes No	Relationship
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Home address (if different than your address)	City	State	Zip
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Add Change Terminate	}	Coverage: Fixed-Payment Medical
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Name

Date of birth	Gender M F	Full-time student Yes No	Relationship
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Home address (if different than your address)	City	State	Zip
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Add Change Terminate	}	Coverage: Fixed-Payment Medical
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Name

Date of birth	Gender M F	Full-time student Yes No	Relationship
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Home address (if different than your address)	City	State	Zip
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Add Change Terminate	}	Coverage: Fixed-Payment Medical
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Signatures (Sign and date **only one option** below. Retain a copy for yourself. Provide the original to your insured group's representative.)

Authorization (If you are enrolling in, changing or updating coverage)

I, the undersigned, elect the insurance coverage which I selected above and for which I am eligible under the terms of the group policy (or policies) insured by Symetra Life Insurance Company. I authorize the deduction from my earnings for any contribution I am required to make toward the cost of this insurance. I understand that I may not be able to make any changes to my elected coverage until the next enrollment period.

All information submitted by me on this form to the best of my knowledge and belief is true and complete.

This form replaces all Enrollment/Change Request forms previously submitted.

Enrollee/Employee signature	Date
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Waiver (If you are declining or terminating all coverage.)

I, the undersigned, hereby waive my right at this time to elect the insurance coverage which I did not select above. I understand that if I do not enroll within 30 days of the date I am first eligible, that I may have to wait to obtain coverage until the next enrollment period.

Further, I understand that I may not be able to obtain coverage for life insurance, disability, or critical illness benefits in the future without submitting satisfactory evidence of insurability to Symetra Life Insurance Company for approval. I also understand that Symetra Life Insurance Company will have the right to refuse my request for insurance.

Reason: I already have insurance Other _____

All information submitted by me on this form to the best of my knowledge and belief is true and complete.

This form replaces all Enrollment/Change Request forms previously submitted.

Enrollee/Employee signature	Date
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