

46 State House Station Augusta, ME 04333-0046 Telephone: (207) 512-3100 Toll-free: 1-800-451-9800 TTY: (207) 512-3102

APPLICATION FOR COVERAGE GROUP LIFE INSURANCE

Employee

Submit this Application to your employer within 31 days of becoming eligible for Group Life Insurance. Your employer will complete the "Employer" section below and forward the completed application to the Group Life Insurance Program.

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Employee Name:	e's Prefix	First		M			La	st st			Suffix
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Mailing Address:				mı	m	dd	уууу				
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Spouse's											
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Employee Insurance www.mair	ntion of Bene es should compl coverage. The fo nepers.org.	ete the Desgir									
Employ	er										
Employer			_ Employer	_							
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Employer Phone #: Personnel Status/Code: Position Code:											
Annual Sa	alary:		Date applicant	first elig	ible fo	r Group L	ife Insuran	ce: m	m dd	Ј уууу	
Certifyir	ng Signature										
	e information is		rect to the bes	t of my k	nowle	dge.					
Certifying Official Signature										Date	
	Print/Typ	ed Name			Phon	e#			E-mail	Form	#GI-0008 V/3