

**First Reliance Standard Life Insurance Company
Enrollment and Statement of Health for Group Insurance**

Submit completed Enrollment and Statement of Health form to:
[EOIApp](#)

Receipt of accelerated death benefits under Life Insurance may affect eligibility for public assistance programs and may be taxable.

Coverage	Enroll or Decline ¹	Current Amount	Increase or Decrease	Total Amount Applied For	Premium
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Group Term Life: Dep. Children ³	Enroll Decline			\$5,000	See Premium Table
Voluntary AD&D: Employee	Enroll Decline			____Times Earnings	See Premium Table
Voluntary AD&D: Spouse	Enroll Decline			\$10,000	See Premium Table

Employee/Member Name

Employee/Member Name	Date of Birth
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Details

Please provide all names used for medical records (if different than the names provided on this form): _____

For each "Yes" response to a health question, please provide details below

Question #	Illness or Nature of Injury	Date	Physician's Full Name and Address (if different than Primary)	Check One Employee or Spouse	

If you need more space, check here

Designation of Beneficiary

Policyholder	Policy Number(s)
Insured Name	Social Security Number

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- ◆ This beneficiary designation revokes all revocable prior beneficiary designations.
- ◆ Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ◆ If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured
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NOTICE REGARDING INFORMATION PRACTICES

In considering this Application, First Reliance Standard Life Insurance Company ("we", "us" or "our") collects certain information about all proposed insureds ("you" or "your"). The precise information varies according to the amount and type of coverage you apply for. Generally, we seek information about you: (1) age; (2) occupation; (3) physical condition; (4) medical history; (5) hobbies; and (6) other relevant activities.

You are the most important source of information, but we may also verify or collect information on you or your family from: (1) physicians; (2) other health care providers; (3) employers; (4) other insurers to which you have applied; (5) consumer investigative organizations; and (6) the MIB, LLC.

The MIB is a not-for-profit organization of life insurance companies which operates an information exchange for its members. This information may alert us to a need for further investigation, but under MIB rules such information cannot be used: (1) either wholly or in part to increase the premium for insurance; or (2) to deny issuance of insurance.

We may collect information by: (1) phone; (2) correspondence; or (3) personal contact.

Information will be treated as confidential. First Reliance Standard Life Insurance Company or its reinsurers may, however, with your authorization