NORTHWESTERN NATIONAL - **LIFE BENEFIT ENROLLMENT FORM**

PLEASE PRINT OR TYPE. *Providing complete information is necessary for the timely and accurate payment of claims. Eligibility for coverage and payment of benefits are subject to the terms of the benefit contract.*

SECTION 1: COMPLETE ALL THAT APPLIES TO THE EMPLOYEE.

NAME OF EMPLOYER / PLAN SPONSOR			GROUP / PLAN NUMBER
University of New Mexico (UNM)			**GL-28181-6**
EMPLOYEE NAME (Last First, Middle Initial)			DATE OF BIRTH / /
Social Security Number	GENDER O FEMALE O MALE	MARITAL STATUS **	EFFECTIVE DATE OF COVERAGE / /
EMPLOYEE ADDRESS (Street Address, City, State, Zip Code)			

SECTION 2:

BASIC LIFE	O
AD&D	O

SECTION 3: LIFE / AD&D BENEFICIARY DESIGNATION

BENEFICIARY NAME ** (If person, enter: Last, First, Middle Initial)	BENEFICIARY ADDRESS (Street Address, City, State, Zip Code)	PERCENT OF BENEFIT (MUST add up to 100%)	RELATIONSHIP TO EMPLOYEE

INSTRUCTIONS FOR ** FIELDS (Fields are listed alphabetically, by name)

BENEFICIARY NAME: Enter the name of a person, "My Estate" or the name of an organization. You can enter combinations (e.g., one beneficiary line may be a person's name, while a second beneficiary line may be an organization and a third beneficiary line be for "My Estate").

MARITAL STATUS: Enter one of the following: Single, Married, Divorce, Widowed, Legally Separated.

To the best of my knowledge and belief the above information is correct. I understand that false or inaccurate information may result in the termination of coverage or the non-payment of benefits. I have also read and understand the authorization printed above and consent to its terms. PLEASE READ THE ABOVE RELEASE SECTION AND THEN SIGN →	EMPLOYEE's SIGNATURE	DATE SIGNED / /