

**DISABILITY INCOME INSURANCE
ENROLLMENT FORM**

TO BE COMPLETED BY THE EMPLOYER			
POLICY # _____			
EMPLOYER/POLICYHOLDER NAME: _____			
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
EMPLOYEE OCCUPATION/JOB TITLE _____	EMPLOYEE DATE OF EMPLOYMENT _____		
EFFECTIVE DATE OF COVERAGE _____	FULL OR PART TIME EMPLOYEE _____		
\$ _____ / HR WK MO YR BASIC EARNINGS	CLASS NUMBER (IF APPLICABLE) _____		

I. EMPLOYEE INFORMATION

NAME _____	SEX	M	F
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
HOME TELEPHONE NUMBER _____	DATE OF BIRTH _____	MARITAL STATUS _____	

II. BENEFITS: PLEASE CHECK IF YOU WISH TO ENROLL AND INCLUDE BENEFIT AMOUNT

Short-Term Disability Income Insurance:	YES	NO	%	OR	\$
Long-Term Disability Income Insurance:	YES	NO	%	OR	\$
Voluntary Short-Term Disability Income Insurance:	YES	NO	%	OR	\$
Voluntary Long-Term Disability Income Insurance:	YES	NO	%	OR	\$
Other:	YES	NO	%	OR	\$
Other:	YES	NO	%	OR	\$
Other:	YES	NO	%	OR	\$

III. SELECTION/WAIVER OF GROUP INSURANCE

I, the undersigned, an employee of the above-named policyholder, elect the insurance coverage which I selected above and for which I am eligible under the terms of the group policy or policies issued to the policyholder by Symetra Life Insurance Company. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance (**Not applicable if the [Employer] pays 100% of the required contribution**).

I hereby waive my right at this time to elect the insurance coverages which I did not select above. I understand that if I do not enroll within 31 days, when first eligible, that I will not be able to obtain coverage in the future without submitting satisfactory evidence of insurability (proof of good health) 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.

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

EMPLOYEE SIGNATURE _____

DATE SIGNED _____

Symetra Life Insurance Company • Group Division • 777 108th Avenue NE, Suite 1200 • Bellevue, WA 98004-5135 • www.symetra.com