Underwritten by:
Security Life Insurance Company of America
10901 Red Circle Drive | Minnetonka, Minnesota | 55343
800.233.0307

Brought to you by: Minnesota Benefit Association
6701 Upper Afton Road | Woodbury, Minnesota | 55125
800.360.6117

Township Officer Enrollment Form

TOWNSHIP SECTION *(to be filled out by Township Officer)*

Township Name	Applicant's Elected Date
Township Address	Township Phone Number

OFFICER SECTION

Last Name	First Name	Middle Initial
Address		Date of Birth (MM/DD/YYYY)
City	State / Zip	Marital Status ☐ Married ☐ Single
Telephone Number	Regular Number of Hours Worked per Week?	Gender ☐ Male ☐ Female

COVERAGE ELECTION: *(select all that apply)* ☐ Dental ☐ Vision (EyeMed Plan D 9752015)

DEPENDENTS (list all your eligible dependents below)

LAST NAME	FIRST NAME	INITIAL	GENDER	AGE	BIRTH DATE
			☐ M ☐ F		____/____/____
			☐ M ☐ F		____/____/____
			☐ M ☐ F		____/____/____
			☐ M ☐ F		____/____/____

If additional dependent information is needed, please include on a separate sheet of paper.

Does your spouse have a dental/vision plan? ☐ Yes ☐ No	If yes, with whom?	If yes, are dependents enrolled under your spouse's plan? ☐ Yes ☐ No

Important Fraud Notices

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

By my signature below, I hereby apply for the coverage or coverage's selected above. I represent/certify that I have read the applicable Fraud Notice provided. I also hereby authorize payroll deductions from my earnings for any contributions required. This Authorization remains in effect until revoked by me in writing.

_____ _____

Applicant Signature **Date**

_____

Email address

Group Dental Coverage is provided under the Group Dental Insurance Policy GH-1112 issued to the Group Policyholder (policyholder may be a trustee group policyholder), and Group Vision Coverage under the Group Vision Policy GH-1154 issued to the Group Policyholder (policyholder may be a trustee group policyholder in some states), all insured by Security Life Insurance Company of America, Minnetonka, Minnesota.