

Group Insurance Enrollment Card

LifeWise

Assurance Company

Please check appropriate box:
New Hire Rehire

Transfer to another LifeWise Assurance Company Division

Life / Disability / Stop Loss

Group Number AK-100409-0000		Division N/A	SSN	Date of Birth
Name: Last	First	Middle	Sex <input type="radio"/> Male <input type="radio"/> Female	Class Class B Shares
Employment Date N/A	Effective Date	LTD Eff Date N/A	Annual Salary _____ N/A _____ Supplemental Life Amt. _____ N/A _____	
I elect the following coverages from those for which I am eligible:				
Basic Life	<input checked="" type="radio"/> Yes	Accidental Death and Dismemberment (AD&D)	N/A	
Supplemental Life	N/A	Short Term Disability (STD)	N/A	
Dependent Life	N/A	Long Term Disability	N/A	
Employer (Company Name) Tyonek Native Corporation			Your Occupation Shareholder	
Beneficiary Name (s)		SSN:	Relationship:	
(Example: "Helen Louise Jones" not "Mrs. H.L. Jones")				
In community Property states, 50% of the payable benefit will be paid to the spouse unless the spouse signs a notarized statement waiving the right to the proceeds.				

SIGN ONE OPTION INDICATING EITHER YOUR ELECTION OR WAIVER OF BENEFITS:

ELECTION OPTION

I request the Group Insurance for which I am entitled or for which I may become entitled under the provisions of the Group Policy or Policies issued by LIFEWISE ASSURANCE COMPANY, and I authorize the proper deduction, if any, from my earnings as my contribution towards the cost of this insurance.

Date: _____ Signature: _____

NOTE: BENEFICIARY DESIGNATION IS NOT VALID UNLESS THIS CARD IS DATED AND SIGNED.

WAIVER OPTION

I acknowledge that I have been offered Group Insurance under a Group Policy issued by Tyonek Native Corporation. I hereby wish to waive my right to be insured under this plan. I am aware that I must furnish evidence of insurability, satisfactory to LIFEWISE ASSURANCE COMPANY, at my own expense if I should apply at a later date.

Date: _____ Signature: _____

The original will be kept by TNC (to be submitted with Life claim). Please make a copy for your records.