



PLEASE PRINT OR TYPE

Please refer to your Administration Kit for enrollment and mailing instructions

GROUP BENEFITS ENROLLMENT FORM

EMPLOYEE / FAMILY INFORMATION

Form fields for Employee/Family Information including Group Number, Employee Name, Home Address, Gender, Occupation, Date of Birth, Age, Payroll Type, Earnings, Average Hours Worked, Date of Hire, Spouse, etc.

ONLY ELECT BOSTON MUTUAL COVERAGES MADE AVAILABLE TO YOU THROUGH YOUR EMPLOYER.

LIFE - DISABILITY

Table with columns for BASIC and VOLUNTARY coverages, YES/NO checkboxes, and Insurance Amount.

BENEFICIARY

Form for BENEFICIARY(IES) FOR LIFE AND/OR AD&D BENEFITS, including Primary and Contingent Beneficiary fields.

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary.

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ THE FRAUD NOTICES ON THE LAST PAGE

REFUSAL OF INSURANCE

REFUSAL

Form for REFUSAL OF INSURANCE, including a declaration of opportunity and checkboxes for All Coverages, Life & AD&D, etc.

SIGNATURE

EMPLOYEE SIGNATURE REQUIRED

Form for EMPLOYEE SIGNATURE REQUIRED, including a declaration of insurance application and signature lines.