

## LIFE INSURANCE APPLICATION / CANCELLATION / REFUSAL

Wis. Stat. § 40.70

### I. EMPLOYEE INFORMATION (Employee, complete up to Part II.)

Name (Last, First, Middle, Maiden/Former)		Social Security Number	
Street No.	Street Name	Birthdate (MM/DD/CCYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip	Yes <input type="checkbox"/> No <input type="checkbox"/> I participated under the Wisconsin Retirement System prior to being hired by this employer. (less than 6 mo.) (6 mo. or more) Circle the one that applies.  I have withdrawn my contribution to WRS.  I have continued life insurance coverage through Minnesota Life from my previous or current public employment.
Country (if not USA)	Foreign Mail Code		

(Check one box only)


- A.  **I want to enroll** for the life insurance coverage indicated below, and I hereby authorize deductions from my earnings for premium. Complete coverage area below, and sign.
- B.  **I do not want to enroll** for life insurance coverage. I understand that if I later wish to enroll, I must submit evidence of insurability prior to reaching age 55. Sign form at end of Section I.
- C.  **I want to cancel** the life insurance coverage for the plans indicated below. I understand that if I later wish to re-enroll, I must submit evidence of insurability. Complete coverage area below, and sign.

### EMPLOYEE COVERAGE: (Check ONLY the plans you are electing or canceling)

- Basic Plan** (1 x earnings)       **Supplemental Plan** (1 x earnings)      **Age 70 and Over Additional Plan**  
 (Check ONLY one box below)
- Spouse and Dependent Plan** (Check ONLY one box below)      **Additional Plan** (Check ONLY one box below)
- 1 Unit (Spouse = \$10,000; Dependent = \$5,000)       1 Unit (1 x earnings)  
 2 Units (Spouse = \$20,000; Dependent = \$10,000)       2 Units (2 x earnings)  
 3 Units (3 x earnings)       3 Units (3 x earnings)

These plans are available to eligible state employees and to the employees of **only** those local government employers who have submitted a resolution of inclusion under the plan(s). You must have the Basic Coverage in order to elect the other plans offered by your employer.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct. (This applies to both employee and employer agent.)

	Date (MM/DD/CCYY)	Employee Signature	Telephone No. (8 am to 4 pm)
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### II. EMPLOYER INFORMATION (Employer, complete reason for application and previous service.)

Employer Agent Signature	Date Provided to Employee (MM/DD/CCYY)	Date Received from Employee (MM/DD/CCYY)
Prepared by	Telephone No./Area Code	ETF Employer Number <b>69-036-</b>
Employer Name Or State of Wis. Dept. of	Local Employer Billing Unit No.	
<b>Reason for Application – Check Appropriate Box</b>		<b>Previous Service – Complete Information</b>
<input type="checkbox"/> 1. New employee will have participated in WRS for 6 calendar months on:		1. Did employee participate under WRS prior to being hired by you? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2. Employee on layoff or leave of absence. Date layoff/LOA began: _____ Date employee returned: _____		
<input type="checkbox"/> 3. Employee terminated and rehired within 30 days.		2. Previous service check completed <input type="checkbox"/> Yes <input type="checkbox"/> No Source of previous service <input type="checkbox"/> Extranet <input type="checkbox"/> ETF
<input type="checkbox"/> 4. Employee has a spouse or dependent to insure for the first time      Date: _____ Reason: _____		
<input type="checkbox"/> 5. Employee is canceling spouse and dependent coverage.      Date: _____ Reason: _____		3. Date WRS Participation Began With This Employer (MM/DD/CCYY)
<input type="checkbox"/> 6. Other Specify _____		
Effective Date (MM/DD/CCYY)	Calendar Year Earnings * \$ _____	Year _____ <input type="checkbox"/> Estimate <input type="checkbox"/> Actual

\* Check "Actual" if the coverage amount is based on previous calendar year earnings as reported to the WRS; check "Estimate" if the coverage amount is based on a projection of earnings for the next 12 months.

Submit Top Two Plies To Address Above