

Employer Information

Employer Name (Parish - School - Institution)

DOL Location #

Diocese of La Crosse
Lay Benefits
Application - Basic Life
After New Hire Enrollment Window

Group # L06588

SAFS Use Only - Effective Date

Participant Information

First Name **Last Name** **MI** **Phone Number** **Social Security Number**

Street Address **City** **State** **Zip** **Personal Email**

Birth Date **Male** **Female** **Single** **Married** **Full Time** **Part Time** **Full Time** **Part Time** **Job Title** **First Day Of** **Hours Per**
Year- Round Year- Round School- Year School- Year **Work** **Week**

I would like to apply for Basic Life. I understand this is an application process and The Hartford insurance company will be making a determination of my acceptance into this benefit.

I have included the required EOI to this Basic Life application found on the SAFS website: https://www.stambrosefinancial.com/_files/ugd/43eb25_800f346527f7463c92b0aec6ae47c230.pdf

I have completed page two of this application.

Participant Signature - Required

Date

Basic Life *Accidental Death/Dismemberment*

Participant Must Elect This Benefit OR Waive At The Start Of Employment. Election AFTER the original employment window is NOT Guaranteed. An Evidence Of Insurability Will Be Requested To Enroll In Basic Life And Be Determined by The Hartford Insurance Group

Elect Waive

Beneficiary

First & Last Name

Address

City

State

Zip

E-Mail

Phone Number

Relationship

DOB

SSN

Contingent Beneficiary

First & Last Name

Address

City

State

Zip

E-Mail

Phone Number

Relationship

DOB

SSN

Participant Signature

Date

Spousal Consent

[Community Property State Consent for Wisconsin Residents](#)

If you are married, live in a community property state, and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his/her rights to any community property interest in this benefit.

As the Employee's spouse, I do hereby consent to the beneficiary designation(s) indicated and waive any rights I may have to the proceeds of such life insurance under applicable community property laws.

Spouse Signature

Date