Group Term Life Insurance Enrollment Form

Kanawha Insurance Company

KMG AMERICA
KANAWHA INSURANCE COMPANY

Kanawha Insurance Company (Hereafter the "Company")

This form is intended for use with employer groups or when employment is an eligibility requirement for coverage. Otherwise, use form series 1466 for non-employer groups.

(Type or Print)

Name of Policyholder		Policy No. (if known)
Name of Eligible Person [Employee] (Last, First, MI)		Social Security No.
Your Home Address (Street, City, State, Zip)	Home Telephone ( )	Date of Birth
	Work Telephone ( )	Gender (Check one) Male ☐ Female ☐
Job Title	Job Location	
Date of Hire	Earnings $_____ Per Period /_____	
No. Hours worked per week	Employment Status (Check one) ☐ Active ☐ COBRA ☐ Retiree	

Group Term Life Insurance Coverage Requested for		Check Benefits Requested	Coverage Requested (Complete only if Plan provides a choice of Benefit Schedules)
Employee	Basic Term Life Insurance	☐	
	Supplemental Term Life Insurance	☐	
	Basic Accidental Death & Dismemberment (AD&D)	☐	
	Supplemental AD&D	☐	
Spouse	Basic Term Life Insurance	☐	
	Supplemental Term Life Insurance	☐	
	Basic Accidental Death & Dismemberment (AD&D)	☐	
	Supplemental AD&D	☐	
Child(ren)	Basic Term Life Insurance	☐	
	Supplemental Term Life Insurance	☐	
	Basic Accidental Death & Dismemberment (AD&D)	☐	
	Supplemental AD&D	☐	

210 South White Street, Lancaster SC 29720
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Primary Beneficiary(ies) for Employee Life Insurance and Accidental Death	
Name (Last, First, MI)	
Social Security No.	Relationship to Employee

Contingent Beneficiary(ies) for Employee Life Insurance and Accidental Death	
Name (Last, First, MI)	
Social Security No.	Relationship to Employee

The Beneficiary for a covered Spouse and covered Children will be as stated in the master Policy issued to the Policyholder. If coverage for your Spouse and/or Children is provided, you may name different Beneficiaries for insurance on their lives by filing a written request with the Policyholder.

Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud.

All statements in the Enrollment Form and other information given to the Company for the purposes of underwriting insurance under the Policy will be deemed representations and not warranties.

If coverage on my Spouse is requested, **I REPRESENT** that:

- he or she is my husband or wife under the laws of my state of residence; or
- we are currently Domestic Partners, parties to a Civil Union or Reciprocal Beneficiaries under the laws of a state; or
- we meet the requirements of the Policyholder's Plan for coverage on a spousal equivalent basis.

I REPRESENT that the statements in this Enrollment Form and other information provided to the Company for the purposes of underwriting insurance under the Policy, are complete and true to the best of my knowledge and belief.

I UNDERSTAND THAT insurance under the Policy is effective for each Eligible Person when he or she meets the requirements stated in the Effective Date of Insurance provision of the Policy.

Signature _____ _____
Applicant Date

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