



# Group Insurance Application

Atlanta, Georgia 30302

		(1) Group Number		(2) Location No.	
(3) Last Name First Initial <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		(4) Social Security No.	(5) Date of Birth Mo. Day Yr.		(6) Date of Hire Mo. Day Yr.
(7) Home Address City			State		Zip Code
(8) Occupation or Position			(9) Employer Name		
(10) Effective Date Mo. Day Yr.	(12) Types and Amounts of Coverage Desired: <input type="checkbox"/> Life _____ <input type="checkbox"/> Accidental Death and Dismemberment _____ <input type="checkbox"/> Dependent Life _____ <input type="checkbox"/> Short Term Disability _____ <input type="checkbox"/> Long Term Disability _____ <input type="checkbox"/> Supplemental Life _____			(13) Earnings \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
(11) Benefit Class	(14) Beneficiary: Last Name – First Name – Initial		Relationship		Date of Birth
(15) I hereby apply for the amounts of coverage for which I am or may become eligible under my Employer's insurance program underwritten by GREATER GEORGIA LIFE INSURANCE COMPANY. I authorize the deduction by my employer from my earnings of amounts sufficient to cover my contributions, if any, toward the premium for such insurance. I am an active full-time employee working at least 30 hours each week for my Employer.					
Signature _____ Date _____ Witness _____					

82-M-A2