



EMERSON PROCESS MANAGEMENT/MCKELLAN GROUP / UNUM LIFE INSURANCE  
SALARIED AND NON-UNION HOURLY ACTIVE EMPLOYEE

**COMPANY FURNISHED BASIC LIFE, BASIC A.D.&D. INSURANCE AND TRAVEL COVERAGE - POLICY 103303 – ENROLLMENT FORM**

**EMPLOYER SECTION**

Company Name: Emerson Process Management  
Company Location: \_\_\_\_\_  
Employee's Date of Hire: \_\_\_\_\_

Amount of Basic Life Insurance Coverage:\*        X   Factor\*\* Times Annual Base Salary  
Amount of Basic A.D.&D. Insurance:\*              X   Factor\*\* Times Annual Base Salary  
Amount of Travel Insurance:\*                      X   Factor\*\* Times Annual Base Salary

\* Amounts Rounded To The Next \$500.00 Multiple  
\*\* Refer to Benefits Policy for "Factor".

**EMPLOYEE SECTION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Employee Social Security No.: \_\_\_\_\_  
Sex of Employee:     Male     Female  
Employee's Date of Birth: \_\_\_\_\_

**BENEFICIARY SECTION**

*Note: Beneficiary Designations for Basic Life, Basic A.D.&D., and Travel are all the same.*

**Primary Beneficiaries:**

	<u>Beneficiary's Name (Last/First/M.I.)</u>	<u>Relationship to Member</u>	<u>Social Security #</u>	<u>Birth Date</u>	<u>% (Whole)</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

*Note: If more than one beneficiary is designated, the insurance benefits will be divided equally between the survivors of the beneficiaries indicated unless other instructions are given.*

**Secondary Beneficiaries:** (To be used if all primary beneficiaries pre-decease the covered member.)

	<u>Beneficiary's Name (Last/First/M.I.)</u>	<u>Relationship to Member</u>	<u>Social Security #</u>	<u>Birth Date</u>	<u>% (Whole)</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**SIGNATURE AND AGREEMENT SECTION**

The information indicated on this form is accurate. I request coverage under my employer's group plan as noted on this form.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_