



# PACIFIC GUARDIAN LIFE

1440 Kapiolani Boulevard, Suite 1700  
Honolulu, Hawaii 96814

## Group Insurance Enrollment Application

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Name of Employer	Group Policy Number	LTD Policy Number	Emp Class
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**THIS SECTION TO BE COMPLETED BY EMPLOYEE - PLEASE PRINT****FOR PGL USE ONLY**

Your Last Name	First Name	Middle Initial(s)	Issue Age
Address			Effective Date
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (month/day/year)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Term Amount
Social Security Number	Date Employed (month/day/year)	Date Full-Time (month/day/year)	AD&D Amount
Beneficiary's First Name	Middle Initial(s)	Last Name	Relationship
Dependent			A
Job Title	Earning Basis <input type="checkbox"/> Salary <input type="checkbox"/> Hourly	Earnings \$ _____ Per: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	LTD
How many hours do you work per week?	Dependent Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to participate in Supplemental Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I desire participation in the group insurance program and authorize my employer to deduct any required cost from my earnings.			
Signature: x _____			Date _____

**Complete Section Below for Waiver of Coverage****PLEASE PRINT CLEARLY**

Employer/Company	Policy Number
Employee's Last Name	First Name Middle Initial

I have been given an opportunity to apply for Group Insurance provided by my employer through Pacific Guardian Life Insurance Company, Ltd.

After serious consideration, I have elected not to take advantage of this offer.

This refusal is applicable to (check all that apply):

- All insurance coverage for which I am eligible.
- Supplemental Insurance.
- Dependent Insurance.
- Other: \_\_\_\_\_

I understand that I may be required by Pacific Guardian Life to provide evidence of insurability should I desire to apply at a later date.

Employee's Signature x \_\_\_\_\_ Date Signed \_\_\_\_\_