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MINNESOTA NCPERS PLAN ENROLLMENT/CHANGE OF BENEFICIARY FORM

(PLEASE PRINT)

New Member Enrollment Open Enrollment Change of Beneficiary

Member Last Name First Name Middle Name Male Female Date of Birth Social Security Number

Street City State ZIP Code Home Phone Number

Occupation of Member Member's Date Employed Actively at Work? Yes No—You are not eligible for this coverage

Beneficiary—Full Name (Example: Mary A. Doe, not Mrs. John A. Doe) Relationship of Beneficiary

Address of Beneficiary City State ZIP Code % of Benefit to be Distributed

FOR EMPLOYER: Please show date of first deduction _____ (Mo. Day Yr.) **EMPLOYER Unit No.** _____

I declare the above statements and answers are complete and true and understand they are the basis for providing life insurance under a plan (or plans) issued by The Prudential Insurance Company of America to the National Conference on Public Employee Retirement Systems, in which I will participate upon becoming insured. I hereby authorize my employer to deduct from my wages amounts equal to the contributions required for me toward the premiums for Group Insurance under the NCPERS plan issued by Prudential. A photographic copy of this authorization shall be as valid as the original. The effective date of coverage will be the first day of the month following payment of my contribution through payroll deductions.

Name of Employer City State ZIP Code Signature of Member Date

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