

# Enrollment and Change Form



# Northwestern Mutual®

Group Insurance Administration  
 Post Office Box 2177, Portland, OR 97208-2177  
 Telephone (800) 378-4665  
 dl-largegrp-service@northwesternmutual.com

**Apply for Coverage**    **Name Change**    **Add or**    **Delete Dependent**   **Date of add/delete** \_\_\_\_\_

Policy Number	Division	Class	Employer Name		
Name (Last, First, Middle)		Social Security Number	Birthdate		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			City	State	Zip
Former Name (Last, First, Middle) <i>Complete only if name change</i>				Phone Number	
Date of Employment		Job Title/Occupation			
Hours Worked Per Week		Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			
Have you or your spouse used tobacco in any form in the last 12 months?   You: <input type="checkbox"/> Yes <input type="checkbox"/> No   Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Coverage (Check with your Employer about coverage options available to you and Evidence Of Insurability requirements.)**

**Life and Accidental Death & Dismemberment (AD&D) Insurance**

- Basic Life/AD&D
- Additional Life   Requested amount \$ \_\_\_\_\_
- Additional AD&D   Requested amount \$ \_\_\_\_\_

**Dependents Life and AD&D Insurance**

- Spouse Life   Requested amount \$ \_\_\_\_\_   Spouse Name \_\_\_\_\_
- Spouse AD&D   Requested amount \$ \_\_\_\_\_   Birthdate \_\_\_\_\_
- Child(ren) Life   Requested amount \$ \_\_\_\_\_
- Child(ren) AD&D   Requested amount \$ \_\_\_\_\_

- Short Term Disability**                       **Short Term Disability Buy-up**
- Long Term Disability**                       **Long Term Disability Buy-up**

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

<b>Employee Signature Required</b>	<b>Date</b>
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<b>Electronic Signature</b> <input type="checkbox"/> I agree By clicking the box marked "I agree," I acknowledge that I am signing this document electronically. I understand that this electronic signature shall be enforceable under the applicable state or federal law and is equivalent to a manual signature.	<b>Date</b>
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**To be Completed Only if Waiving Coverage:**

The group insurance available to me through my employer has been explained to me. After careful consideration I have decided that I do not want to enroll for:

- Long Term Disability       Long Term Disability Buy-up       Short Term Disability       Short Term Disability Buy-up
- Basic Life/AD&D       Additional Life/AD&D       Spouse Life/AD&D       Child(ren) Life/AD&D

I understand that if I want to become insured later, I may be required to submit, and have approved medical Evidence of Insurability satisfactory to Northwestern Mutual.

<b>Employee Signature Required</b>	<b>Date</b>
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<b>Electronic Signature</b> <input type="checkbox"/> I agree By clicking the box marked "I agree," I acknowledge that I am signing this document electronically. I understand that this electronic signature shall be enforceable under the applicable state or federal law and is equivalent to a manual signature.	<b>Date</b>
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**Please email this form to DL-LARGEGRP-SERVICE@NORTHWESTERNMUTUAL.COM and retain a copy for your records.**