



- Transamerica Assurance Company
 Transamerica Occidental Life Insurance Company

**Employee/Member
 Enrollment Form for Basic
 Group Term Life Insurance**

(Employee or Member Only)

Policyholder: _____ Policy No.: _____

Application is hereby made to the applicable Company for Group Term Life Insurance under the terms of the Policy identified above.

Employee/Member Name: Last First Middle Initial			Employee/Member's Date of Birth: (Month/Day/Year)	
Employee/Member's Address:			Employee/Member's Home Telephone: ()	
City		State	Zip Code	
Employee/Member's Annual Salary:			Employee/Member's Social Security No.:	
Beneficiary of Employee/Member:		Relationship	Contingent Beneficiary:	
			Relationship	

Have you used tobacco products within the last year? Yes No

Eligibility Questions:

1) How many hours per week do you work?: _____ 3) Are you actively-at-work? Yes No

2) What date were you hired by (or became a member of) the Policyholder? ____/____/____

I have read and understand the Eligibility Requirements on the reverse side of this form.

Employee/Member's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Life Insurance Amount: \$ _____ Effective Date: _____