

Application for Optional Life Insurance Request to Increase Coverage with Evidence of Insurability or Request to Decrease Coverage

Refer to the website <https://z.umn.edu/lifeinsurance> for specific information about rates and applying for coverage.

Employee Information *(please print)*

Last Name	First Name	MI	Employee ID	Date of Employment
Date of Birth (MM/DD/YY)	Phone Number	Email Address		

Optional life Insurance Enrollment (Must be in increments of \$1,000)

Type of Optional Coverage Requested	Optional coverage you have now	Coverage increase requested	New total of optional coverage
<input type="checkbox"/> Additional Employee Life (Do not include amount of Basic Life)	\$	\$	\$
<input type="checkbox"/> Spouse Life	\$	\$	\$
<input type="checkbox"/> Child Life (\$10,000)	\$	\$	\$

Dependent Enrollee Information *(please print)*

Spouse:

Last Name	First Name	MI	DOB	Gender
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Child/Children:

Last Name	First Name	MI	DOB	Gender
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Last Name	First Name	MI	DOB	Gender
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Last Name	First Name	MI	DOB	Gender
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Address for Dependents if Different than Employee Address:

Street	City	State	Zip Code
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Employee Authorization *(Please read before signing)*

I am applying for or changing coverage in the Optional Life Insurance Plans offered by the University of Minnesota, as indicated above, subject to approval of my eligibility. I authorize the University of Minnesota to disclose the foregoing information to Securian who has contracted to provide this benefit to participants of the program for use in determining my eligibility and processing my application for coverage. I also authorize the University of Minnesota to deduct the premiums for this coverage through payroll, and I understand that my deduction amount will change if my coverage or costs change. I understand that false or incorrect answers to evidence of insurability questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

Employee Signature

Date

Continue to back for more information



Information and Privacy – There are laws to protect your rights

Several state and federal laws aid in protecting your rights to privacy and make it easier for you to review information in your insurance file. Under one of these laws – the Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.43) – you have the right to know the following.

A. Why the Information is needed

The Information we request about you, your employment, and family members is needed for one or more of the following reasons:

- To determine whether you are eligible for University of Minnesota UPlan Health Program coverage
- To establish the amount of insurance coverage for which you are eligible
- To determine the amount of deductions from your paycheck to pay your rate contributions

B. Supplying Information – Your Rights

- **Minnesota Statute 13.04.** You may refuse to provide the information we request; however, without certain minimal information, we may be unable to process your application for coverage under the group plan.

- **Federal Privacy Act of 1974; Public Law 93-579.** Disclosure of your Social Security number is voluntary. The information is requested to identify your records in the Total Compensation system and the records of the Plan Administrators. While you are not legally required to furnish this information, processing of your application for group benefits will be delayed without it.

C. Who Uses the Information and How It Is Used

The information we collect will be used by University employees operating the group benefits program, the payroll system, federal and state tax authorities, and shared with the Plan Administrators involved in your benefits coverage. Depending on the coverage you request (and are eligible for), the information may be used to:

- Provide enrollment and/or change information to your Plan Administrators so they can provide benefits and pay claims
- Conduct quality improvement initiatives
- Prepare statistical reports and evaluate studies

When you are no longer an active participant in the group benefits program, your file is kept until state retention requirements are met.

D. What information You Can Access

You may request in writing to be shown information about yourself that is maintained by our department. There may be a charge if physical copies are needed.

If you have questions, call the OHR Contact Center at 612-624-8647 or 1-800-756-2363 Option 1 for Benefits, or by email at benefits@umn.edu.

Please make a copy of this form for your records and return the original by mail or fax.

Campus Mail:

Total Compensation
100 DonhoweB
Del Code 3122A

U.S. Mail:

Total Compensation
100 Donhowe Bldg.
319 15th Avenue SE
Minneapolis, MN 55455-0103

Fax: 612-626-0808

Phone: 612-624-8647

Email: benefits@umn.edu