ARGUS
Our Interest is You.

# Application for Voluntary Life Insurance
## Bermuda Life Insurance Company Limited

☐ Employee ☐ Spouse ☐ First time application for Voluntary Life Insurance ☐ Application for increased benefit

## A. Name of Employer

| Employer Name | Account/Location Name |
|---|---|
| | |

## B. Employee Statement

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss     Sex ☐ M ☐ F

| Last Name | First Name | Middle Initial | Date of Birth (MM/DD/YY) |
|---|---|---|---|
| | | | |

**Insurance amount: Enter dollar amount (in multiples of $10,000): $**

Note: Accidental Death & Dismemberment automatically provided if benefit included in Group Policy

## Beneficiary Information - *Complete if not the same as Basic Life*

Note: The appointment of children under the age of 18 is discouraged as minors cannot give a valid receipt and discharge for benefits payable in the event of death for life insurance. However, if it is necessary to nominate children, a responsible adult should be appointed to receive the proceeds in trust for the benefit of the children.

| Last Name | First Name | Middle Initial | Sex | Date of Birth (MM/DD/YY) | Relationship | % of Benefits |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Trustee - Complete if the child is under age 18

| Child's Name (indicated above) | Trustee Name | Date of Birth (MM/DD/YY) | Email | Phone Number |
|---|---|---|---|---|
| | | | | |
| | | | | |

## C. Spouse Information Note: The Beneficiary for Voluntary Spousal Life Insurance is the Insured Employee

| Spouse's Last Name | First Name | Middle Initial | Sex | Date of Birth (MM/DD/YY) | Enter benefit amount (units of $10,000 to a maximum of $250,000) |
|---|---|---|---|---|---|
| | | | | | |

## D. Signature of Employee

I hereby apply for Voluntary Life Insurance under the Group Insurance Policy issued to my employer by Bermuda Life Insurance Company Limited, a member of the Argus Group, and authorise my employer to make the required deductions from my pay.
Argus will require satisfactory evidence of each applicant's insurability, without expense to Argus, for the full amount of Voluntary Life Insurance elected by the employee. Increases in the amount of insurance may be subject to additional evidence of Insurability, as required by Argus.

Employee Signature     Date (MM/DD/YY)

Signature of Authorized Employer Representative     Date (MM/DD/YY)

**Note: Please attach completed Evidence of Insurability Form**