



A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.
 1505 Dundee Avenue • Elgin, Illinois 60120-1619
 800-746-1505 • 847-695-0200 • Fax 847-742-6336
 insurance@cobbt.org • www.bbtinsurance.org

Accident Insurance Enrollment

Completed forms must be returned to Brethren Insurance Services **WITHIN 31 DAYS OF YOUR HIRE DATE**. If you miss the initial 31-day enrollment period, you may be eligible for late enrollment for life and/or disability coverage. Also, keep in mind that we offer an annual open enrollment for our dental, vision, life and AD&D, long- and short-term disability, and accident plans.

1. ENROLLMENT INFORMATION

Employer Name _____

Employee Last Name _____ First Name _____ MI _____

Home Mailing Address _____

City _____ State _____ ZIP _____ - _____

Date of Birth _____ Social Security Number _____ Phone _____

Gender Male Female Email _____

We will use your email address solely to communicate with you about Brethren Insurance Services.

Marital Status: Single Married

2. COVERAGE APPLIED FOR

Check one: Employee Employee + Spouse Employee + Child(ren) Family

Check one: Option 1 Option 2 Option 3

3. FAMILY COVERAGE INFORMATION

Complete for your spouse and all children to be covered.

Last Name (if different) _____		First Name _____		MI _____
Spouse Date of Birth _____		SSN _____		
Last Name (if different) _____		First Name _____		MI _____
<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	Date of Birth _____	SSN _____	Unmarried? <input type="checkbox"/> Y <input type="checkbox"/> N
Last Name (if different) _____		First Name _____		MI _____
<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	Date of Birth _____	SSN _____	Unmarried? <input type="checkbox"/> Y <input type="checkbox"/> N
Last Name (if different) _____		First Name _____		MI _____
<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	Date of Birth _____	SSN _____	Unmarried? <input type="checkbox"/> Y <input type="checkbox"/> N

4. SIGNATURES

I hereby apply for Accident insurance to which I am entitled or to which I may become entitled under the provisions of the group policy or policies issued by Reliance Standard Life Insurance and authorize deductions from my earnings of the required contribution, if any, toward the cost of the insurance.

I understand that if I apply for Accident insurance after 31 days from the date of eligibility, I will have to furnish at my own expense evidence of my insurability satisfactory to the insurance company before insurance can become effective. Brethren Insurance Services reserves the right to adjust submitted coverage amount if the stated guidelines are not followed.

Authorized Employer Signature _____ Date _____

Employee Signature _____ Date _____