



Oklahoma State & Education Employees Group Insurance Board

USERRA LIFE INSURANCE FORM

3545 NW 58th, Suite 110 Oklahoma City, OK 73112

1-405-717-8780 or 1-800-752-9475

EMPLOYER INFORMATION

Group ID#: _____ Division ID#: _____ Group Name: _____

EMPLOYEE INFORMATION

SSN or Member ID # _____

Employee's Name	First Name	M. I.	Last Name
Please Print			

Billing Address _____
(NOTE: This is where your monthly bill will be mailed) Street

_____ City State ZIP Code

Contact Person Name: _____ Contact Person Phone: _____

INSURANCE EFFECTIVE DATE & BILLING INFORMATION

Effective Date: Coverage must be continuous; therefore, your USERRA Life Insurance will become effective the 1st of the month following termination of other insurance benefits from your agency with no break in coverage.

Billing: To prevent termination of life insurance benefits, payment must be received each month by the 20th day of the month. If payment is not received within 60 days, your account will be terminated for non-payment and cannot be re-instated. You may pre-pay for several months if you desire.

LIFE INSURANCE ELECTIONS

You may keep any or all of your current life insurance. You cannot enroll in more life insurance than you already have as an active employee.

I elect to retain \$ _____ (From \$20,000 up to total amount currently in effect in \$20,000 increments) of Supplemental Life Insurance on myself.

I elect to retain: Dependent Life on my dependents.

CERTIFICATION SIGNATURE

I certify that all selections made on this form are true and are necessary due to my obligatory service in the United States Military. I agree to deliver documentation that authenticates this statement to the requesting entity upon request.

Employee Signature: _____ Date: _____

FOR OSEEGIB USE ONLY