



**Office of Management and Enterprise Services  
 Employees Group Insurance Division  
 USERRA LIFE INSURANCE FORM  
 3545 NW 58 Street, 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# \_\_\_\_\_

<b>Employee's Name</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
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 20<sup>th</sup> 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 \$ \_\_\_\_\_ (in \$20,000 increments) of 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 EGID USE ONLY**