

Retire Life Insurance Enrollment

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

CONTRACT HOLDER: Housing Agency Retirement Trust

POLICY NUMBER: 33229 Unit 01R

1. Complete sections A, B, and C.
2. If you are electing to continue coverage of more than \$25,000, also complete and Evidence of Insurability form.
3. Return form to:

HART c/o ADP Retirement Services
P.O. Box 22669
Louisville, KY 40252-0669

A. RETIREE INFORMATION

First name	Middle initial	Last name	
Email Address			
Street address	City	State	Zipcode
Date of birth	Date of Retirement	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current amount of basic life insurance in force	Amount of retiree life insurance (lesser of current coverage or 1x salary - maximum \$50,000) \$		

B. BENEFICIARY INFORMATION

Primary beneficiary name(s) and address	Relationship	Share % (must total 100%)
_____	_____	_____
_____	_____	_____
Contingent beneficiary name(s) and address	Relationship	Share % (must total 100%)
_____	_____	_____
_____	_____	_____

C. AUTHORIZATION

Retiree Signature	Daytime telephone number	Evening telephone number	Date signed
_____	_____	_____	_____