CIGNA® **Life Insurance Company North America**

Ergon Inc
Life & AD&D Enrollment/Change Form

To be completed by Employer:
Company/Facility: Ergon, Inc _____

Last Name First Name M.I. Sex: Male☐ Female☐

Date of Birth Social Security No.

Title or Occupation

Life and AD&D equal to 2 x earnings (maximum $400,000) is provided by Ergon at no cost to you.
Dependent Life of $2000 spouse and $500 per child is provided by Ergon at no cost to you.

	Dependents To Be Covered * Full Name	Date of Birth
Spouse		
Child		
Child		
Child		
Child		
Child		
Child		

*Eligible Dependents include your lawful spouse and unmarried children less than age 19. If enrolled as full-time students in an accredited school, unmarried children under age 25 are eligible. Children include your natural offspring, lawfully adopted children and stepchildren. They also include foster children and other children who are dependent on you for main support and living with you in a regular parent-child relationship.

Please Name the Person(s) To Receive Life Benefits In the Event of Your Death			
Beneficiary	% of Benefit	Social Security Number	Relationship
Contingent Beneficiary (used only if above beneficiary dies before you do)			

Signature of Applicant Date