



**Harleysville Life Insurance Company**

355 Maple Avenue • Harleysville, PA 19438-2297  
 Tel 800.222.1981 • www.harleysvillegroup.com

Harleysville Life Insurance Company Harleysville, PA 19438-9989 GROUP INSURANCE ENROLLMENT AND RECORD CARD			Eff. Date of Ins.	Occupation Class	Certificate #
Employer/Policyholder PLEASE PRINT ALL ANSWERS			G-	Earnings\$ (circle one) Annual Weekly Hourly	
Employee's Last Name	First Name	Middle Initial	Male	Female	Check "Yes" to all applicable coverage selections below:
Residence					Life: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street City State Zip					Supp. Life: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Born	Full-Time Emp. Date	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married		Acc. Death & Dismemberment: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month / Day / Year	Month / Day / Year	- -			
Death Benefits to be Paid to (Example: Mary A. Doe, not Mrs. John Doe)					Supp. AD&D: Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Middle Initial	Last Name	Relationship		Short Term Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>
Residence of Beneficiary					Supp. STD: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street City State Zip					Long-Term Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>
If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the insured, settlement will be made to the Estate of the Insured, unless otherwise provided in the Group Policy.					Supp. LTD: Yes <input type="checkbox"/> No <input type="checkbox"/>
					Dependent's Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No

Date \_\_\_\_\_ (Full Signature of Employee)

LFUL-233C (Ed. 01-02)

**HOME OFFICE COPY**