

Company name Millwork Distributors, Inc.	Divison level	Account number/unit number
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**Employee Information**

Name			Social security number		
Mailing address (street)			Birth date	<input type="checkbox"/> male <input type="checkbox"/> female	
(city)	(state)	(ZIP code)	Do you have an eligible spouse or child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date employed full-time		Hours worked per week	Job occupation/class	Location	
Salary amount	Salary mode <input type="checkbox"/> yearly <input type="checkbox"/> weekly <input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly				
What is your payroll mode? <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly			Employer ZIP 54901	Employer county Winnebago	

**Voluntary Term Life**

Your Employer is contributing 0%

<b>Employee Benefit Election</b>	\$10,000	\$20,000	\$50,000	\$100,000	Other \$ _____	Decline <input type="checkbox"/>
Bi-Weekly Premium*						
Benefit Election - Check Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* Actual premium amount may be slightly different due to rounding.

<b>Spouse Benefit Election</b> Can not exceed 50% of the employee election	<u>Amount</u>	<u>Cost</u>		Decline <input type="checkbox"/>
Has your spouse used nicotine products in the past 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child Benefit Election</b>	\$5,000	\$10,000		Decline <input type="checkbox"/>
Bi-Weekly Premium *				
Benefit Election - Check Box	<input type="checkbox"/>	<input type="checkbox"/>		

**Beneficiary Designation**

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below.

**Primary Beneficiaries:**

Name	Relationship	Address	Social security number

**Contingent Beneficiaries:**

Name	Relationship	Address	Social security number