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Title: **104-10291-10004_p271.png**

Category: **Uncategorized**

Provenance:

Person:

Date:

INSURANCE QUESTIONNAIRE

FORM NO. 37-190

1. NAME (Last) (First) (Middle) THIS DATE

[Handwritten Name] [Handwritten Date]

2. THE FOLLOWING GROUP INSURANCE PROGRAMS HAVE BEEN ESTABLISHED FOR EMPLOYEES OF THIS COMPANY THROUGH EMPLOYEE INSURANCE ASSOCIATIONS (MEBA) WITH THE ASSISTANCE OF THE COMPANY:

[Checkbox] GROUP LIFE INSURANCE PROGRAM

[Checkbox] GROUP HEALTH INSURANCE PROGRAM

3. IF AN INSURANCE FORM IS REQUIRED FOR THE INDIVIDUAL NAMED APPLICATION FOR ANY TYPE INSURANCE:

[Handwritten Note]

4. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE FOLLOWING INSURANCE PROGRAMS:

TYPE OF POLICY DESIRED POLICY NUMBER DEDUCTION AUTHORIZED CASH PAID

[Handwritten Details]

5. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS:

[Signature Section]

EMPLOYEE INTERVIEWED: [Signature] [Signature]