

# Group Term Life Application — Guaranteed Issue Offer



Please use this form to apply for **Guaranteed Issue** coverage during the enrollment period.  
The proposed insured should complete this application. If you should have any questions please call:  
**Robert E. Miller Insurance Agency/KUTEA, Phone: (800) 333-2808; Fax: (816) 822-1634.**  
Benefits provided through the Kansas University Teachers and Employees Association (KUTEA).

## Kansas University Teachers and Employees Association

**GL Policy #144200**  
**VAR Policy #204292**

### Tell us about yourself

Member Name (last, first, middle)

Date of Birth (month, day, year)

Social Security Number

☐ Male ☐ Female

Are you currently working at least 17.5 hours per week at your regular occupation and place of business? ☐ Yes ☐ No

### Billing Address

Address			City	
State	ZIP	Home Phone	Work Phone	E-mail Address
Campus Address			Department	

Amount of coverage applied for (member):

Life Insurance Amount \$\_\_\_\_\_ (maximum \$100,000)

Accidental Death & Disbursement (AD&D) Insurance Amount \$\_\_\_\_\_ (maximum \$500,000)

Check box(es) to purchase (Employee must have coverage in order for spouse coverage)

☐ Dependent Spouse Life Insurance Amount \$\_\_\_\_\_ (maximum \$50,000)

☐ Dependent Spouse AD&D Insurance Amount \$\_\_\_\_\_ (maximum \$250,000)

Spouse Name (last, first middle)	Date of Birth (month, day, year)
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☐ Dependent Child Life Insurance Amount \$\_\_\_\_\_ (maximum \$10,000)

☐ Dependent Child AD&D Insurance Amount \$\_\_\_\_\_ (maximum \$10,000)

### Beneficiary information

Name	Address	Relationship	Percent
Primary			
Primary			
Contingent			

### Read this information carefully, then sign and date below

- To the best of my knowledge and belief, the information I've provided is complete and correct.
- I understand that in the event I request to purchase such insurance at a later date: (1) I will be required to furnish evidence of insurability for myself (and any dependents, if such coverage is available) at my own expense; and (2) Reliance Standard Life Insurance Company will have the right to refuse my request.
- I understand my coverage begins on the "effective date" assigned by Reliance Standard.

**Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.**

Your Signature	Date Signed
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## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Blue Chip Group / KU T.E.A.

Company ID Number: 9870778661

I (we) hereby authorize Blue Chip Group / KU T.E.A. hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account \_\_\_\_\_ / Savings Account \_\_\_\_\_ (check one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing

Number \_\_\_\_\_ Account

Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ ID Number \_\_\_\_\_

(Please Print)

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Debit Authorization

Click the Submit button above to send you completed form to  
[KUTEAserviceteam@millercares.com](mailto:KUTEAserviceteam@millercares.com)

You may also send your completed form to:

The Miller Group  
attention: KUTEA  
903 E. 104th Street  
Kansas City, Missouri 64131