

**Horace Mann Life Insurance Company**

A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
1-800-999-1030  
horacemann.com



**Enrollment Form for Group Insurance Coverage**

**Group #: 130567 Sect #: 0001 Billing Mode: 1/12<sup>th</sup> Effective Date of Coverage:**

Completed form can be e-mailed to GroupUnderwriting@horacemann.com, faxed to 866-406-1230 or mailed to the address above (Mail # E126).

**Applicant Information**

Applicant Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Suffix

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Employment \_\_\_\_\_

Employer **Union Co./College Corner Joint Sch Dist.** Building/Location \_\_\_\_\_

Occupation/Job Title \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

**Coverage Election – VISION COVERAGE – Please select one below.**

Employee only  Employee and family

This coverage is underwritten by Horace Mann Life Insurance Company.

**Fraud Warning:** Any person who knowingly presents a false statement in an enrollment form for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Agreement and acknowledgment**

The undersigned declares and acknowledges that:

I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.

I understand that I must meet the actively-at-work requirements set forth in the policy in order for coverage to become effective.

I authorize my employer to deduct the required premiums, if any, from my earnings for my coverage. I understand that my deduction amount will change if my coverage or premiums change. This authorization applies to such coverage until I rescind it in writing.

I understand that completion of this enrollment form does not ensure that coverage will be issued. Coverage is subject to the policy terms.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date