



Full Name (First, Middle & Last) _____

Social Security Number _____ Hire Date _____

Date of Birth ____/____/____ Gender: M____ F____ Cell Phone Number _____

Address _____ City _____ State _____

Zip Code _____ Job Title _____ Shift _____

Email Address _____

Beneficiary _____ Date of Birth: ____/____/____ Relationship _____

Spouse Name _____ Date of Birth ____/____/____

Gender: M____ F____ _____ I also have interest in Transamerica permanent life with LTC

Bi-Weekly...Per Pay Period Rates...Check Yes or No and circle correct premium.

		Ages	Individual	One Parent	Employee/Spouse	Two Parent Family
Cancer Plan	Y__N__	18-70	\$24.61	\$24.61	\$43.80	\$43.80
\$100 Wellness						
		Ages	Individual	One Parent	Employee/Spouse	Two Parent Family
Accident Plan	Y__N__	18-70	\$14.28	\$22.14	\$19.02	\$27.90
\$60 Wellness						
		Ages	Individual	One Parent	Employee/Spouse	Two Parent Family
Hospital Plan	Y__N__	18-49	\$26.10	\$30.54	\$39.36	\$40.14
\$2000 Payout		50-59	\$26.34	\$30.78	\$43.98	\$44.22
		60-75	\$30.18	\$31.02	\$51.06	\$51.30
		Ages	Individual	One Parent	Employee/Spouse	Two Parent Family
Critical Care	Y__N__	18-29	\$1.44	\$2.88	\$2.70	\$3.48
Plus Rider		30-39	\$2.04	\$3.12	\$4.02	\$4.50
\$5000 Payout		40-49	\$3.42	\$4.20	\$6.60	\$6.78
		50-70	\$5.94	\$6.12	\$11.34	\$11.40

*Please list dependents under age 26 to be covered on back Of this sheet listing name, sex, birthdate

Signature TO ACCEPT/DECLINE _____ DATE: _____

