OKLAHOMA
Employees Group
Insurance Division

USERRA Life Insurance Form

EMPLOYER INFORMATION

Group ID#_____ **Division ID #** _____ **Group Name** _____

EMPLOYEE INFORMATION

SSN or Member ID# _____

Employee's Name	**First Name**	**M I**	**Last Name**
Please Print			

Billing Address _____
(NOTE: This is where your monthly bill will be mailed) **Street**

_____
City **State** **ZIP Code**

Contact Person Name _____ **Contact Person Phone**_____

INSURANCE EFFECTIVE DATE AND BILLING INFORMATION

Effective Date: Coverage must be continuous; therefore, your USERRA Life Insurance will become effective the 1st of the month following termination of other insurance benefits from your agency with no break in coverage.

Billing: To prevent termination of life insurance benefits, payment must be received by the 20th of the month. If payment is not received within 60 days, your account will be terminated for non-payment and cannot be re-instated. You may pre-pay for several months if you prefer.

LIFE INSURANCE ELECTIONS

You may keep some or all of your current life insurance. You cannot enroll in more life insurance than you already have as an active employee.

☐ **I elect to retain $_____ (in $20,000 increments) of life insurance on myself.**

☐ **I elect to retain Dependent Life on my dependents.**

CERTIFICATION SIGNATURE

I certify that all selections made on this form are true and are necessary due to my obligatory service in the United States Military. I agree to deliver documentation that authenticates this statement to the requesting entity upon request.

Employee Signature _____ **Date** _____

Insurance Coordinator Signature _____ **Date** _____
(Must be signed by insurance coordinator to be valid)

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