



Transamerica Life Insurance Company ("insurer")
 Home Office: Cedar Rapids, IA
 Administrative Office: P.O. Box 8063
 Little Rock, AR 72203-8063

Basic Term Life Enrollment Form

Policyholder _____	Policy Number _____
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Employee Information

Employee Name (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
Hire Date	Hours Worked per Week	Annual Salary	Occupation	Employee Class
Have you used tobacco products in the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you actively at work? <input type="checkbox"/> No <input type="checkbox"/> Yes		Home Phone _____ Work Phone/Ext. _____
Home Address		City	State	Zip Code

Beneficiary Designation

Primary Beneficiary: (Last, First, M.I.)	Relationship:
Contingent Beneficiary: (Last, First, M.I.)	Relationship:

Employee Statements and Agreements

I understand the amount of Basic Term Life Insurance coverage and the effective date of coverage will be determined by the terms of the Master Policy. I understand that coverage is only available to eligible classes of employees as defined in the Master Policy and that my coverage will not become effective if I do not meet the eligibility requirements for my class.

Employee Signature _____ Date _____

FOR OFFICIAL USE ONLY
Life Insurance Amount _____ Effective Date _____