WANADA Brokerage and Trust
Providing Employee Benefits for over 50 Years
5301 Wisconsin Ave., NW Suite 210
Washington, DC 20015
202-237-7200 Fax 202-237-7779

☐ Enrollment
☐ Disability & Single Life
☐ Disability & Family Life

☐ Disenroll Life & Disability
Term Date_____

Qualifying Event
1 Termination of Employment
2 Divorce/Legal Separation
3 Deceased
4 Voluntary Drop of Insurance (still employed)

☐ Life Coverage Change
☐ Single to Family
☐ Family to Single
☐ Life Beneficiary Change
☐ Address Change

EMPLOYEE INFORMATION (PLEASE PRINT OR TYPE TO INSURE ACCURACY)

Last Name	First Name	Middle Initial	Social Security Number
☐ Please check here if name change			- -

Street Address	City	State	Zip Code
☐ Please check here if address change			

Employee Date of Birth			Sex	Marital Status		Spouse Date of Birth		
Month	Day	Year	☐ Male ☐ Female	☐ Single ☐ Married	☐ Widowed ☐ Divorced	Month	Day	Year

Employee Date of Hire			Dealer Name	Branch Code
Month	Day	Year		

Job Title	

Group Life and Short Term Income Protection Plan

Beneficiary Information

☐ Please check here if change in beneficiary

	First Name	Middle Initial	Last Name	Date of Birth	Relationship
1					
2					
3					
4					
5					

If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive the insured, unless otherwise provided herein. If no designated beneficiary survives the insured, settlement will be made to the insured's estate.

If contributions are required under the Plan, I authorize my employer to deduct from my earnings my contribution for coverage.

Signature of Employee _____ Date Signed _____

Signature of Witness (changes to beneficiary only) _____

To be completed by Employer Only

Annual Salary $ _____

Effective Date:
Enrollment: _____

Signature of Authorized Person _____

Change: _____