

SelectAccount

# Minnesota Service Cooperatives VEBA Program

**MIL LIFE**  
INCORPORATED

## ENROLLMENT FORM

EMPLOYER NAME:				
SERVICE COOPERATIVE:				
NAME OF PERSON SUBMITTING ENROLLMENT FORM:			PHONE NUMBER:	
ENROLLMENT INFORMATION				
EMPLOYEE'S NAME:	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS				DATE OF BIRTH
CITY		STATE	ZIP CODE	DAYTIME PHONE NUMBER
EFFECTIVE DATE:			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RETIREE
EMPLOYEE'S NAME:	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS				DATE OF BIRTH
CITY		STATE	ZIP CODE	DAYTIME PHONE NUMBER
EFFECTIVE DATE:			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RETIREE
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STREET ADDRESS				DATE OF BIRTH
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STREET ADDRESS				DATE OF BIRTH
CITY		STATE	ZIP CODE	DAYTIME PHONE NUMBER
EFFECTIVE DATE:			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RETIREE
SIGNATURE				
EMPLOYER'S SIGNATURE: _____				DATE: _____

