

Enrollment Form



Please mail completed form to:

ARAG, Attn: Eligibility, 400 Locust Street, Suite 480, Des Moines, IA 50309 or fax to 515-246-8816

Take Control. Enroll Today.

1. Personal Information

All sections must be completed. Optional information is noted. Please print clearly.

First Name	Middle Initial	Last Name
Street Address		
City	State	ZIP Code
Best Phone Number to Reach Me: <i>(circle one)</i> Daytime, Evenings, Mobile		Email Address
		Cornell University
Social Security Number		Employer/Association Affiliation <i>(if applicable)</i>
Date of Birth <i>MM/DD/YYYY</i>	Gender <i>M/F</i>	Date of Hire <i>MM/DD/YYYY</i>

2. Coverage and Family Information

Please check the level of coverage.

- UltimateAdvisor**
- Family \$20.25 Per Month

	First Name	Last Name	Gender M/F	Date of Birth MM/DD/YYYY
Spouse/Domestic Partner				
Child(ren)				

3. Authorization

By signing below, I am requesting enrollment or cancellation in the legal plan indicated above. I understand that the change in coverage will not become effective until the date assigned by the underwriter of the plan. I authorize my employer to deduct or cancel deductions for the cost of the plan as shown above, and as may be modified or adjusted, from my wages or salary.

 Enrollee Signature Date

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Limitations and exclusions apply. Insurance products are underwritten by ARAG® Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC or Advisory Communication Systems, Inc., depending on the product and state. Some products are only available through membership in the ARAG Association LC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

For assistance in completing this enrollment form, call 800-247-4184.