

APPLICATION TO NORTHERN PACIFIC FOR GROUP LIFE INSURANCE

PLEASE
PRINT DATA
IN FULL

NAME _____
LAST FIRST MIDDLE

DIVISION _____ ; PAY LOCATION _____

DATE EMPLOYED _____

OCCUPATION _____ ; DEPT. _____ ; _____

DATE OF BIRTH _____ ; SEX _____
MONTH DAY YEAR

NAME OF BENEFICIARY _____

RELATIONSHIP OF BENEFICIARY _____

ADDRESS OF BENEFICIARY _____

DATE _____ 19 _____

MY AVERAGE MONTHLY
PAY BASED UPON MY
REGULAR ASSIGNMENT IS

I HEREBY APPLY FOR INSURANCE IN THE AMOUNT OF \$ _____, AND

AUTHORIZE THE NORTHERN PACIFIC RAILWAY COMPANY TO DEDUCT FROM MY PAY THE TOTAL SUM OF

\$ _____ PER MONTH FOR GROUP INSURANCE.

SIGNATURE OF APPLICANT _____
FIRST MIDDLE LAST