



AMERICAN GENERAL

Group Employee Enrollment Form

The United States Life Insurance Company in the City of New York Member of American International Group, Inc. New York, New York

American General Assurance Company Member of American International Group, Inc. Schaumburg, IL

*American General Assurance Company is not admitted in New York

Completing Your GROUP ENROLLMENT FORM

1. Fully complete each section. Sign and date Refusal/Authorization Section, as needed.

1. PERSONAL DATA: (Must always be completed) Group No., Div. No., Class, Social Security No., Last Name, First Name, Initial, Sex, Date of Birth, Street Address, City, State, Zip Code, Name of Employer, Location, Salary, Occupation, Title, Date of Full-Time Employment, No. Hours Worked, Marital Status, Dependent Children, 2. ENROLLMENT, 3. DENTAL OPTION ELECTED, 4. Supplemental Life Benefit, 5. Beneficiary Designation, 6. REFUSAL OF COVERAGE, 7. AUTHORIZATION