LeadersLife INSURANCE COMPANY
P.O. Box 35768, Tulsa, OK 74153

J.W. KEMPTON & ASSOCIATES, INC.

Administered by:
Bay Bridge Administrators, LLC
P.O. Box 161690, Austin, TX 78716
800-845-7519

Employee Enrollment Form for Group Accidental Death and Dismemberment Coverage

Name: Last First Middle Sex: M F

Date of Birth: XX/XX/XXXX State of Birth: Height: Weight: Age: Social Security No.: X X X – X X – X X X X

Mailing Address: City: State: Zip:

Phone Number: Email Address:

Complete for Family Coverage:

First Name	Last Name	Date of Birth	Age	Sex
Spouse:				M F
Child:				M F
Child:				M F
Child:				M F
Child:				M F
Child:				M F

Employer:

Date of Hire: Business Phone:

Average Weekly Hours: Job Title: Branch or Department:

Plan Option:
☐ _____

AD&D Enhancement? ☐ Yes ☐ No
☐ Option 1 ☐ Option 2

Select type of Coverage:
☐ Eligible Person
☐ Eligible Person + Spouse
☐ Eligible Person + Child/Children
☐ Eligible Person + Family

Name of Beneficiary: Relationship:

I hereby authorize my Employer to reduce my salary by the Total Deduction and forward this amount to Leaders Life Insurance Company. The Total Deduction is calculated as to produce the premiums as determined by my selection of coverage. I further authorize my employer to adjust my deduction based on any change in rate unless I notify them in writing to terminate my deduction.

I hereby declare that I am in an eligible class of the Policyholder. I affirm that all information given by me on this form is true and complete. I have read, or had read to me, the completed application.

Enrollee Signature: Date: