

SHEFFIELD-SHEFFIELD LAKE CITY SCHOOLS LIFE INSURANCE ENROLLMENT FORM

EMPLOYEE'S NAME POSITION OR JOB TITLE DATE OF BIRTH

ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NO. EFFECTIVE DATE \$ AMOUNT

PRIMARY BENEFICIARIES

NAME (LAST) (FIRST) (INITIAL) RELATIONSHIP SOCIAL SECURITY NO.

NAME (LAST) (FIRST) (INITIAL) RELATIONSHIP SOCIAL SECURITY NO.

CONTINGENT BENEFICIARY

NAME (LAST) (FIRST) (INITIAL) RELATIONSHIP SOCIAL SECURITY NO.

SIGNATURE DATE