

**ENROLLMENT CARD FOR SCHOOL DISTRICT
GROUP LIFE INSURANCE**

301 - - - - - 0000
 14 16 17 Coolidge Security Number 20 28 msg 28 29 office use only 34

1 Policy Number 8 9 code 12 C/D 13

25 Applicant Print Last Name First Middle Initial 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 day of birth 66

87 Home Street Address 88 89 90 91 92 93 94 95 96 97 98 99 00 code 112

Name of Employing School District Unit

Month Day Year First Freq. (first day actively on the job) SEE BACK OF CARD FOR EXAMPLES)

Relationship to Policyholder, if not a member of immediate family

Do you want Supplemental Unit No Yes Supplemental Plus Unit No Yes

IF I HAVE APPLIED FOR LIFE INSURANCE ABOVE, AND THE DISTRICT'S CONTRIBUTION DOES NOT INCLUDE THE COST THEREOF, SUCH AMOUNT AS NOW OR HEREINAFTER AVAILABLE WILL BE DEDUCTED FROM MY SALARY AND FORWARDED TO PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY.

Payroll Deduction: dependent coverage if applicable monthly tently Applicant's Signature Month Day Year Signed

**PROVIDENT
LIFE AND ACCIDENT
INSURANCE COMPANY**

FOR OFFICE USE ONLY
 122 off. date 127 128 ins. 129 130 class 133 134 he. e. le. d. 135 126 msg 137 138 msg 139

