



UNUM.

ENROLLMENT CARD FOR SCHOOL DISTRICT GROUP SALARY PROTECTION INSURANCE

Provident Life and Accident Insurance Company

Use Ink Only

Certificated

Classified

Manager

Card Number

Social Security Number		(exp.)			0000	Policy No.		Contract No.
Applicant's Last Name		First		Middle		Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Birthdate
Current Street Address		City		State		Zip Code		
Name of Employer (School or Unit)								
Job Title		Date First Employed (first day actively on the job in this district)						
		Month		Day		Year		
Full Name of Beneficiary (see back of card for examples)		Relationship of Beneficiary to Applicant						
Address of Beneficiary (if not a member of immediate family)		Regular Annual Contract Salary				Phone No.		
Signature of Applicant		Date	Indicate Premium Amount		Monthly <input type="checkbox"/>			
X			\$		Tenthly <input type="checkbox"/>			
For Official Use Only		Effective Date	Month		Class	Rate		Rate

SAMPLE ONLY