

LIFE INSURANCE ENROLLMENT FORM - WYANDANCH UFSD

Effective Date: _____

Instructions: Type or print using ballpoint pen. The employee and the policyholder must each receive a copy of the completed Enrollment Form.

Sun Life and Health Insurance Company (U.S.)

Policy #824058

EMPLOYEE SECTION	(1) Employee Last Name		First	M.I.	Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married	
	(2) Address					
	(3) Employee Date of Birth		(4) Social Security Number		(5) Sex (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
	(6) Beneficiary(ies) Name & Address - <i>Attach additional pages if needed</i>				Relationship	Soc Sec #
	Primary:				% of Proceeds <i>Must equal 100%</i>	
	1				%	
	2				%	
	3				%	
	Secondary:				% of Proceeds <i>Must equal 100%</i>	
	1				%	
2				%		
3				%		
Employee Signature _____ Date _____						

EMPLOYER SECTION	(7) Policyholder			
	Wyandanch UFSD, 1445 Dr. Martin Luther King, Jr. Boulevard, Wyandanch, NY 11798-3997			(631) 870-0410
	(8) Location	(9) Employment Date	(10) Class	<input type="checkbox"/> Employee ID # (if applicable)
	(11) Hours Per Week	(12) Occupation	(13) Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly
COMMENTS:				