

ADMINISTRATOR OPTION
Business Travel Accident Insurance
Beneficiary Form



PENNSYLVANIA SCHOOLBOARDS ASSOCIATION

49937

Planholder

Master Policy No.

Member Information:

School Entity

Name [First, MI, Last]

/ /
Date of Birth (mm/dd/yyyy)

Home Address

City

State

ZIP Code

Email Address

Phone #

Primary Beneficiary:

Name [First, MI, Last]

Address [City, State, ZIP]

Relationship

Phone #

% Share

Contingent Beneficiary:

Name [First, MI, Last]

Address [City, State, ZIP]

Relationship

Phone #

% Share

Signature:

/ /
Date (mm/dd/yyyy)

**PLEASE KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS AND
RETURN TO THE DISTRICT BUSINESS OFFICE FOR THEIR FILES**

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Please only use this form to name a trust or corporation as your beneficiary.

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Phone #

Primary Beneficiary:

Name [First, MI, Last]

Address [City, State, ZIP]

Relationship

Phone #

% Share

Check One if Applicable

Entity Name

Address [City, State, ZIP]

Tax ID/Tax Exempt#

Phone #

% Share

Trust

Corporation/Organization

Contingent Beneficiary:

Name [First, MI, Last]

Address [City, State, ZIP]

Relationship

Phone #

% Share

Check One if Applicable

Entity Name

Address [City, State, ZIP]

Tax ID/Tax Exempt#

Phone #

% Share

Trust

Corporation/Organization

Signature: _____

/ /
Date (mm/dd/yyyy)

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