## **BOARD MEMBERS**

# Business Travel Accident Insurance Beneficiary Form



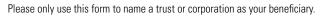
PENNSYLVANIA SCHOOL BOARDS ASSOCIATION						49937		
Planholder		Master Policy No.						
Member Information:								
School Entity					/	/		
Name [First, MI, Last]					Date of Birth (mm/dd/yyyy)			
Home Address	City	State	ZIP Code	Email Address	Phone #			
Primary Beneficiary:								
Name [First, MI, 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

### **BOARD MEMBERS**

#### Business Travel Accident Insurance

## Beneficiary Form





PENNSYLVANIA SCHOO	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
				_		
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
Corporation/Organization				_		
Signature:					/ Date (mm/dd	/ l/yyyy)

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