

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**



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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