

DISTRICT ADMINISTRATOR &
EMPLOYEES OPTION
Business Travel Accident Insurance
Beneficiary Form



PENNSYLVANIA SCHOOL BOARD 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**

DISTRICT ADMINISTRATOR
& EMPLOYEES OPTION
Business Travel Accident Insurance Beneficiary Form



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

PENNSYLVANIA SCHOOL BOARD 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check One if Applicable	Entity Name	Address [City, State, ZIP]	Tax ID/Tax Exempt#	Phone #	% Share
<input type="checkbox"/> Trust	_____	_____	_____	_____	_____
<input type="checkbox"/> 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
<input type="checkbox"/> Trust	_____	_____	_____	_____	_____
<input type="checkbox"/> Corporation/Organization	_____	_____	_____	_____	_____

Signature: _____ Date (mm/dd/yyyy) _____ / ____ / ____

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