

**BETHEL PARK SCHOOL DISTRICT
LIFE INSURANCE ENROLLMENT CARD**

Employee Name _____ SS# _____

Address _____

Telephone # _____ Date of Birth _____ Male Married Widowed
Female Single Divorced

Date of Employment _____ Occupation _____

Primary Beneficiary (IES)

Percent	Name (last, first, middle initial)	SS#	Date of Birth	Address Street, City, State, Zip

Contingent Beneficiary (IES)

Date Signed _____

Employee's Signature _____