

BOARD MEMBERS
 Travel Accident Insurance
 Enrollment Beneficiary Form



PENNSYLVANIA SCHOOL BOARD ASSOCIATION

49937

49937

Policyholder

Primary Coverage

24-Hr Coverage

Policy No.

Policy No.

PLEASE CHOOSE A COVERAGE OPTION BELOW:

Primary Coverage:

Board Member (Included with PSBA membership) Benefit Coverage \$150,000

24-hr. Optional Coverage:

	Name [First, MI, Last]	Date of Birth	Gender	Cost	Benefit Coverage
<input type="checkbox"/>	Board Member			\$35.50/per year	\$150,000
<input type="checkbox"/>	Spouse			\$13.50/per year	\$ 50,000
<input type="checkbox"/>	Child			\$ 3.00/per year	\$ 10,000
<input type="checkbox"/>	Child			\$ 3.00/per year	\$ 10,000

COMPLETE FOR 24-HR. COVERAGE:

School Entity

/ /

Print Full Name

Date of Birth (mm/dd/yyyy)

Home Address

City

State

Zip Code

Phone Number

Signature:

/ /
 Date (mm/dd/yyyy)

ATTENTION BOARD MEMBERS: Please make a copy of this document for yourself and submit the original to the District Office. If you have selected any of the Optional 24-Hour Coverages, a check, made out to your District Office, must be included.

DISTRICT OFFICE: Copies of the enrollment forms for all board members electing the Optional 24-Hour Coverage with one check for the total due must be sent to PSBA Insurance Trust by 1/15/2020. No invoice will be issued.

PSBA INSURANCE TRUST
 400 Bent Creek Blvd., Mechanicsburg, PA 17050
 800-932-0588

Issued By: Prudential Insurance Company Of America, Newark, NJ