

ADMINISTRATOR OPTION
Business Travel Accident Insurance
Beneficiary Form



PENNSYLVANIA SCHOOL BOARD ASSOCIATION

49937

Planholder

Master Policy No.

Member Information:

School Entity

Name [First, MI, Last]

Social Security #

/ /
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

Date of Birth

SS#

Phone#

% Share

Contingent Beneficiary:

Name [First, MI, Last]

Address [City, State, Zip]

Relationship

Date of Birth

SS#

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**

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Check One if Applicable

- Trust
- Corporation/Organization

Entity Name

Address [City, State, Zip]

Tax ID/Tax Exempt#

Phone#

% Share

Contingent Beneficiary:

Name [First, MI, Last]

Address [City, State, Zip]

Relationship

Date of Birth

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