

ADMINISTRATOR OPTION
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**

ADMINISTRATOR OPTION
Business Travel Accident Insurance
Beneficiary Form



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

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

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)

**PLEASE KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS AND
 RETURN TO THE DISTRICT BUSINESS OFFICE FOR THEIR FILES**