

**Bronxville Public School Employee Benefit Trust Fund
NEW EMPLOYEE ENROLLMENT REQUEST FORM**

Employee Information

1. Employee Name (Last, First, MI): _____ 2. Employee SS#: _____
 3. Employee Address: _____

 4. Employee Home Phone: _____ 5. SEX: Male Female
 6 Date of Birth (Mo, Day, Year): ____ / ____ / ____
 7. Marital Status: Single Married Domestic Partner
 8. Date Employed (Mo, Day, Year): ____ / ____ / ____ Full-time Part-time
 9. Hours worked weekly for this employer (Excluding Overtime) _____ Active Retired
 10. Employee Salary \$ _____ Hourly _____ Hrs/Wk Weekly Monthly Annually
 11. Employee's Title: _____

Group Benefits Requested

- Life/AD&D Self (no cost) Refuse
 Dental Self (no cost) Family @ \$25.20 per month
 Vision Self (no cost) Family @ \$50 per year per family member
 Names of covered dependents: _____

- \$50K EMPLOYEE Supplemental Life/AD&D @ \$16.50 per month YES NO
 Dependent Life/AD&D (\$5,000 for Spouse; \$1,000 for Dependent) @ \$1.61 per month per person YES NO
 Names of covered dependents: _____

Dependent Information

Relationship	Last Name	First Name	MI	Date of Birth	Sex	Social Security #
				/ /		- -
				/ /		- -
				/ /		- -
				/ /		- -
				/ /		- -

Student Verification – Please attach a student verification form from the student's registrar if any child listed is a full-time college student.

- Name of Child: _____ School Name: _____
 Anticipated Date of Graduation (month/year): _____
 Name of Child: _____ School Name: _____
 Anticipated Date of Graduation (month/year): _____

Beneficiary Designation for Life Insurance

Primary:

- Last Name: _____ First Name & Middle Initial: _____
 Relationship: _____ Address: _____

Contingent:

- Last Name: _____ First Name & Middle Initial: _____
 Relationship: _____ Address: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall be subjected to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The information provided above is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____