

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
(EMPLOYER)**

LIFE INSURANCE ENROLLMENT FORM

EMPLOYEE'S NAME: _____ Policy No. 01-014117-00
Last First

WORK SITE: _____ POSITION/JOB TITLE: _____

DATE OF BIRTH: _____ DATE OF HIRE: _____ SOC SEC # _____

MALE FEMALE SINGLE, WIDOWED, DIVORCED MARRIED

DEPENDENT COVERAGE: No Yes (If yes, how many dependent children do you have) _____

BENEFICIARY NAME: _____ RELATIONSHIP: _____

BENEFICIARY ADDRESS: _____

DATE: _____ EMPLOYEE'S SIGNATURE: _____