

# AURORA PUBLIC SCHOOLS ENROLLMENT FORM BENEFICIARY DESIGNATION

## A. EMPLOYEE INFORMATION

<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Other					Date
Last Name	First Name	MI	Social Security Number	Date of Birth	
Street Address	Apt No.	City	State	Zip Code	
Home Phone (        )	Work Phone (        )	Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Marriage	
Employer or Group Name					

## B. PRODUCT SECTION - Application for (check all that apply):

- Basic Life/AD&D Insurance (Automatic – 100% Employer paid)\***
- Basic Dependent Life Insurance (100% Employee paid, full time students are covered to age 25)\***
- Waive Dependent Life Coverage**

**Please note: Beneficiary must be at least 18 years old.**

### Beneficiary Designation:

Primary Beneficiary	Social Security	%	Relationship to Insured	Address
Contingent Beneficiary	Social Security	%	Relationship to Insured	Address

## C. SIGNATURE (THIS FORM MUST BE SIGNED)

X \_\_\_\_\_  
Signature Date