



\$100,000 NON-CONTRIBUTORY ACCIDENTAL DEATH AND DISMEMBERMENT ENROLLMENT FORM

Please print clearly and be sure to sign and date this form.

I want to be covered under the group plan benefits for which I am eligible.

Your

Name: _____
(last) (first) (middle Initial)

Home Address: _____

ID Number: _____

Date of Birth: _____ **Sex:** male _____ female _____

Marital Status: single _____ married _____ divorced _____ widowed _____

Home Phone: _____ **Work Phone:** _____

Name of Employer: Clarksville-Montgomery County Schools

Occupation: Teacher

Location of Employment: _____

Designation of Beneficiary

I designate as my Beneficiary

Name _____

Address _____

Date of Birth _____ **Relationship to Employee** _____

If the Beneficiary dies before me, I designate as contingent beneficiary:

Name _____

Address _____

Date of Birth _____ **Relationship to Employee** _____

- If there is more than one beneficiary, or more than one contingent beneficiary, they will share the death benefits equally, or all will be paid to the survivor.
- I RESERVE the right to change this designation at any time.

Employee Signature _____

Date _____



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CHANGE OF BENEFICIARY FORM

I, _____, hereby change the beneficiary for the Accidental Death and Dismemberment Insurance policy the Board of Education provides me, as a teacher/administrator for the Clarksville-Montgomery County School System. The new beneficiary, effective immediately is:

Name: _____

Address: _____

Date of Birth: _____ Relationship to Employee: _____

If this Beneficiary dies before me, I designate as contingent beneficiary:
Name: _____

Address: _____

Date of Birth: _____ Relationship to Employee: _____

- If there is more than one beneficiary, or more than one contingent beneficiary, they will share the death benefits equally, or all will be paid to the survivor.
- I reserve the right to change this designation at any time.

Signed: _____ Date: _____