

GROUP LIFE INSURANCE

TAMALPAIS UNION HIGH SCHOOL DISTRICT PO BOX 605 LARKSPUR, CA 94977		GROUP POLICY # 38037	POSITION TITLE		DATE EMPLOYED MONTH DAY YEAR	
EMPLOYEE'S LAST NAME		FIRST NAME	MIDDLE	DATE OF BIRTH MONTH DAY YEAR		SOCIAL SECURITY # - -
<input type="checkbox"/> MALE <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> FEMALE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <input type="checkbox"/> SEPARATED						
NAME OF BENEFICIARY (LIFE ONLY)			SOCIAL SECURITY #		RELATIONSHIP TO EMPLOYEE	
1			- -			
2			- -			
3			- -			
4			- -			

MONTH ---- DAY --- YEAR

SIGNATURE OF EMPLOYEE

EMPLOYER'S STATEMENT: THIS EMPLOYEE HAS BEEN ACTIVELY EMPLOYED SINCE THE DATE OF EMPLOYMENT SHOWN AND IS AT PRESENT WORKING THE REQUIRED MINIMUM NUMBER OF HOURS PER WEEK.

MONTH ---- DAY --- YEAR

SIGNATURE OF EMPLOYER

EMPLOYEE'S EFFECTIVE DATE