



The NYBEST Agency

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Enrollment Form for: **Pawling CSD**

Coverages: **Life / AD&D**

New Enrollment

Reinstatement

Benefits Change

Address Change

Termination

Retirement

Effective Date: _____

Social Security Number: _____

Name: _____

Date of Birth: _____

Address: _____

Sex: _____

Hire Date: _____

Salary: _____

Please check the coverage being elected

Life Insurance and Accidental Death and Dismemberment

Class 1: All active, full time employees

Benefit Amount

1x earnings, max \$195,000

Primary Beneficiary: _____

Relationship: _____

Address: _____

Member Signature _____

Date _____

Benefits Representative _____

Date _____