



# ADDITIONAL EMPLOYMENT INFORMATION

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	DATE EMPLOYED
BREIFLY DESCRIBE YOUR JOB DUTIES	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH

ETHNIC BACKGROUND (YOU MAY DECLINE TO PROVIDE THIS INFORMATION)?

- WHITE
  BLACK
  HISPANIC
  ASIAN
  PACIFIC ISLANDER
  AMERICAN INDIAN
  ALASKA NATIVE
  OTHER

## IN CASE OF EMERGENCY, NOTIFY:

NAME	RELATIONSHIP	TELEPHONE #
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ARE YOU ALLERGIC TO ANY MEDICATIONS?

- NO  YES PLEASE LIST

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## GROUP LIFE INSURANCE BENEFICIARY DESIGNATION

### ENROLLMENT APPLICATION FOR GROUP TERM LIFE INSURANCE

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER
<b>BENEFICIARY FOR BASIC AND SUPPLEMENTAL LIFE INSURANCE</b> (EMPLOYEE IS BENEFICIARY FOR SPOUSE AND CHILDREN)		
BENEFICIARY FULL NAME		RELATIONSHIP TO BENEFICIARY
ADDRESS OF BENEFICIARY		
EMPLOYEE SIGNATURE	x	DATE