

J. J. STANIS and COMPANY, INC.

100 Jericho Quadrangle • Suite 101
Jericho • New York 11753

**NON-CONTRIBUTORY LIFE
ENROLLMENT CARD**
(Please Print All Information)

Phone: (516) 465-3900
Fax: (516) 465-3920

POLICY HOLDER: _____ OCCUPATION: _____
INSURED NAME: (LAST) _____ (FIRST) _____
HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____
DATE OF BIRTH: _____ SEX: MALE FEMALE
SOCIAL SECURITY NUMBER: _____ DATE OF EMPLOYMENT: _____
ANNUAL SALARY: _____ HOURS WORKED WEEKLY: _____
MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED SEPARATED

PRIMARY BENEFICIARY: _____
_____ RELATIONSHIP _____
ADDRESS: _____
CONTINGENT BENEFICIARY: _____
_____ RELATIONSHIP _____
ADDRESS: _____

If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the employee. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

REQUEST TO PARTICIPATE (CHECK ONE)

WAIVER OF INSURANCE

I do not wish to participate in this insurance program offered through my employer, and I understand that evidence of insurability satisfactory to the insurance company may be required if I desire to participate in the plan at a later date.

Signed _____

Signature of Employee

Date _____

Signed _____

Signature of Employee

Date _____