

# LIFE INSURANCE ENROLLMENT FORM - HEMPSTEAD UFSD

Effective Date: \_\_\_\_\_

Instructions: Type or print using ballpoint pen. The employee and the policyholder must each receive a copy of the completed Enrollment Form.

**Lincoln Financial Group**

**Policy #236041**

EMPLOYEE SECTION	(1) Employee Last Name	First	M.I.	Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married	
	(2) Address				
	(3) Employee Date of Birth	(4) Social Security Number	(5) Sex (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
	(6) Beneficiary(ies) Name & Address - <i>Attach additional pages if needed</i>		Relationship	Soc Sec #	% of Proceeds <i>Must equal 100%</i>
	Primary:				
	1				%
	2				%
	3				%
	Secondary:				% of Proceeds <i>Must equal 100%</i>
	1				%
2				%	
3				%	
Employee Signature _____ Date _____					

EMPLOYER SECTION	(7) Policyholder	Hempstead UFSD, 185 Peninsula Blvd, Hempstead, NY 11550			516-434-4064
	(8) Location	(9) Employment Date	(10) Class	<input type="checkbox"/> Employee ID # (if applicable)	
	(11) Hours Per Week	(12) Occupation	(13) Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	
	COMMENTS:				