NYBEST/NY Life School Block Enrollment Form

Add: _____ **Term:** _____ **Change:** _____

School Name: Nyack Union Free School District.

Personal Details:

First Name:_____ Last Name:_____

Date of Birth:_____ Spouse Date of Birth: N/A

Nicotine Usage:_____ Spouse Nicotine Usage: N/A

Employment Details :

Date Of Hire:_____ Location:_____

Division:_____ Earnings:_____

Payroll Deductions Per Year:_____ Termination Date:_____

Basic Term Life Employee Coverage:

Class:_____ Benefit Amount:_____

Basic AD&D Employee Coverage:

Class:_____ Benefit Amount:_____

Long Term Disability Employee Coverage:

Class:_____ Benefit Amount:_____

Short Term Disability Employee Coverage:

Class:_____ Benefit Amount:_____

Voluntary Life Employee Coverage:

Class:_____ Benefit Amount:_____

Voluntary Life Spouse Coverage:

Class:_____ Benefit Amount:_____

Voluntary Life Child Coverage:

Class:_____ Benefit Amount:_____

Voluntary AD&D Employee, Spouse & Child Coverage:

Employee Class:_____ Employee Benefit Amount:_____

Spouse Class:_____ Spouse Benefit Amount:_____

Child Class:_____ Child Benefit Amount:_____

Beneficiary: _____

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