

NYBEST/NY Life School Block Enrollment Form

Add: _____ Term: _____ Change: _____

School Name: **Bedford Central School District**

Personal Details:

Employee First Name: _____ Employee Last Name: _____

Social Security Number: _____ Employee Date of Birth: _____

Employee Nicotine Usage: _____

Spouse First Name: _____ Spouse Last Name: _____

Spouse Date of Birth: _____ Spouse Nicotine Usage: _____

Employment Details:

Date of Hire: _____ Location: _____

Division: _____ Annual Salary: _____

Payroll Deductions per year: _____ Termination Date: _____

Basic Term Life Insurance and Accidental Death and Dismemberment:

☐ Class 1: Assistant Superintendent, No-Unit (2.5x salary, up to \$600,000.00)

☐ Class 2: BASA (2x annual salary, up to \$400,000.00)

Class 3: BTA

☐ Option 1 – 1x annual salary up to \$250,000.00

☐ Option 2 – \$5,000.00

☐ Class 4: CSEA (1x salary up to \$250,000.00)

☐ Class 5: Non-Union (1x salary up to \$250,000.00)

☐ Class 6: Superintendent (\$300,000.00)

Beneficiary Information:

Primary Beneficiary Name: _____ Relationship: _____

Primary Beneficiary Date of Birth: _____

Employee Signature: _____

Date: _____

Benefits Representative Signature: _____

Date: _____