



Ohio School Boards
Association
Insurance Agency, LLC

SCHOOL BOARD MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE ENROLLMENT FORM

Note: You must purchase personal AD&D for yourself in order to be eligible to purchase personal AD&D for your spouse and/or children.

Amount of insurance (check all that apply):

Select	Insured	Coverage type	Amount of coverage	Premium for the period March 1, 2013 through Feb. 28, 2014
<input checked="" type="checkbox"/>	School board member	Business travel AD&D	\$100,000	FREE
<input type="checkbox"/>	School board member	Personal AD&D (24/7 coverage)	\$100,000	\$36.00
<input type="checkbox"/>	Spouse	Personal AD&D (24/7 coverage)	\$50,000	\$14.00
<input type="checkbox"/>	All children	Personal AD&D (24/7 coverage)	\$10,000	\$4.60
Total				

Name: _____

Address: _____

City, State, ZIP Code: _____

School district: _____ County: _____

Phone number: _____

Email: _____

Disclaimer: I acknowledge that all insurance coverage automatically terminates if I am no longer a public school board member or such district is no longer a member of the Ohio School Boards Association. If coverage terminates, neither the OSBA Insurance Agency LLC nor Prudential will refund any amount of the premium.

Applicant's signature: _____ Date: _____

Please print and mail this completed form and payment to:

OSBA Insurance Agency LLC
8050 N. High St., Ste. 100
Columbus, OH 43235-6481

For further information, call **Janice Smith** at (800) 589-OSBA or (614) 540-4000.

Plan benefits are provided by The Prudential Insurance Company of America, 751 Broad St., Newark, NJ 07102.

Contract Number: AG-50500-OH.

Please complete beneficiary form on the next page.

BENEFICIARY FORM

Total percentage of all primary beneficiaries must equal 100% and total percentage of all contingent beneficiaries must equal 100%.

School board member's primary beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

School board member's contingent beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

Spouse's primary beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

Spouse's contingent beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

Children's primary beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

Children's contingent beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage