



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 through Feb. 28
<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	\$40.00
<input type="checkbox"/>	Spouse	Personal AD&D (24/7 coverage)	\$50,000	\$15.00
<input type="checkbox"/>	All children	Personal AD&D (24/7 coverage)	\$10,000	\$5.00
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 remit completed form and payment to:  
OSBA Insurance Agency LLC  
8050 N. High St., Ste. 100  
Columbus, OH 43235-6481

For further information, contact the OSBA Division of Business and Finance at (614) 540-4000 or (800) 589-OSBA. Plan benefits are provided by The Prudential Insurance Company of America, 751 Broad St., Newark, NJ 07102. Contract Number: AG-50500-OH.

# 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