

# School district administrative personnel Accidental Death and Dismemberment (AD&D) insurance enrollment form

**Note:**

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

Select	Insured	Coverage type	Amount of coverage	Premium for the period March 1 - Feb. 28
<input checked="" type="checkbox"/>	Administrative staff	Business travel AD&D	\$100,000	\$20
<input type="checkbox"/>	Administrative staff	Personal AD&D (24/7 coverage)	\$100,000	\$20
<input type="checkbox"/>	Spouse	Personal AD&D (24/7 coverage)	\$50,000	\$15
<input type="checkbox"/>	All children	Personal AD&D (24/7 coverage)	\$10,000	\$5
<b>Total</b>				<b>\$ _____</b>

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 employed by an Ohio school district in an administrative position or my 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 (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.



**BENEFICIARY FORM**

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

**Employee's primary beneficiaries**

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

**Employee'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