



# Peace Officers' Relief Fund

## Enrollment Card



Please Print

Name (Last, First, Middle Initial)			Sex (check one) <input type="checkbox"/> F <input type="checkbox"/> M		Employee Number
Address		City, State	Zip	Date of Birth	Social Security No.
Home Telephone		Marital Status (check one)		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Name of Spouse (if married)				Spouse's Date of Birth	Mo / Day / Year / /

\* Complete beneficiary information on back side \*

Employee Signature	Date Signed
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**Primary Beneficiary(ies):** the persons you designate to receive the benefits of your life insurance upon your death. If you name more than one, the benefit amount will be divided equally unless specified by a percentage.

**Contingent Beneficiary(ies):** the person or persons you designate to receive the benefits of your life insurance in the event the Primary Beneficiary(ies) proceed you in death.

	Primary Beneficiary(ies)	Relationship to Employee	Social Security No.	Date of Birth	% (total must equal 100%)
1					
2					
3					
	Contingent Beneficiary(ies)	Relationship to Employee	Social Security No.	Date of Birth	% (total must equal 100%)
1					
2					
3					