



TOWN OF WESTON BASIC LIFE INSURANCE ENROLLMENT

Boston Mutual Life Insurance Co. 120 Royall St. Canton, MA 02021	Employer/policyholder: Town of Weston	Group: 24678	Division: 1: Schools 2: Town
SSN: - -	Amount of Insurance: \$2,000 Life, \$2, 000 Accidental Death & Dismemberment		
Name:			
Gender: M F Other	Date of Birth:	Date of hire:	
Dept:			
Primary Beneficiary:		Relation:	
Contingent Beneficiary(ies):	% Distribution	Relation:	
Dept:			
I apply for the insurance for which I am now eligible under the provisions of the Group Policy or Group Policies issued to my employer by the Boston Mutual Life Insurance Company and authorize deductions, if any, from my earnings of the required premium contribution toward the cost of insurance. I understand that if I become disabled on the date my insurance would otherwise become effective, I shall only become insured on the date I return to active work.			
Signature:		Date:	

TOWN OF WESTON OPTIONAL LIFE INSURANCE ENROLLMENT

Boston Mutual Life Insurance Co. 120 Royall St. Canton, MA 02021	Employer/policyholder: Town of Weston	Group: 24679	Division: 1: Schools 2: Town
SSN: - -	Name:		
Amount of Insurance (choose one):			
<input type="radio"/> I hereby apply for my Maximum Allowable Insurance and authorize payroll deductions as required. I request that if in the future I qualify for additional insurance due to an increase in salary, the premium for such insurance be automatically deducted from my pay. <i>Class: 01</i>		<input type="radio"/> I hereby apply for \$_____ of Optional Insurance and authorize payroll deductions as required. <i>Class: 1A</i>	
Beneficiary information: <input type="radio"/> same as indicated for Basic Coverage or			
Beneficiary	% Distribution	Relation:	
Beneficiary	% Distribution	Relation:	
Beneficiary	% Distribution	Relation:	
Signature:		Date:	