

## ELEA \$3,000 Accidental Death and Dismemberment Benefit - Registration Form

**Name of School & Church:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Name of Contact Person/Administrator:** \_\_\_\_\_

Please include all employees of the School and Church (Including your Pastor) who work a minimum of 20 hours per week

	Name (last, first)	Birthdate	Job Title	# of Hours worked per week	
				#	Name of Beneficiary
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Questions: Call Nancy Bond Insurance Services

(800) 685-4519  
toll free

When complete, please fax to 626/599-8579 or Mail to: NBIS 201 West Lemon Ave., Monrovia, CA 91016