

## 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  
866/899-8559

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