			DA	SIC EI								_		
BOSTON MUTUAL LIF 120 Royal Street • Ca		EMPLOYER (Policyholder) Towl			of Barnstable				,	G-2665				
Social Security Number			-	-										AMOUNT OF
	(Last Name, Fi	rst Name, Midd	te (nitial)											
Name of Employee														\$2,000
Mor F Date of	MO DA YR			Name of P	Name of Primary Beneficiary			Relation						
Sex Birth														
Effective Date of Ins.	C	ate Emplo	yed	Name(s) o	Name(s) of Contingent Beneficiary(ies) Relation									
DEPT. Fire D F	l	DPW 🗆												
School 🖸 🛛	ther													
I apply for the insura issued to my employ contribution toward th BECOME EFFECTIN	er by the E le cost of th	Boston Mu ne insuran	itual Life I ce. I UNE	nsurance Co DERSTAND T INSURED OI	mpany a HAT IF N THE I	and auth	orize c SABLI	leductions ED ON TH	s, if any IE DAT	y, from TE MY	my ear	nings ANCE	of the r	equired premium
Date	Signature of Employee													
G0941-22088REV. 10/88														221-040 8/03
			ВA	SIC DE	ECL		.101	N FO	RM					
I,			-				(ple	ease print) (do not ·	wish to	enroll i	n the	Basic I	nsurance Benefit.
I understand that I m	ust prove n	ny insurab	oility if I wi	sh to be cove	red at a	later da	te by ta	aking a ph	vsical	examir	nation.			
DEPT: Fire 🖵	Police	DP	w 🗆	School 🗀	0	ther								
Signature														
			••••••••••••••••••••••••••••••••••••••											·····

ENDOLUMENT OADD

It is recommended that all newly hired school employees who will be enrolled in the Massachusetts Teacher Retirement System also enroll in Basic \$2,000 life insurance coverage. The reason for this is that the Massachusetts Group Insurance Commission (GIC) administers group health insurance for retired municipal teachers from Barnstable, and in order to be eligible for benefits through the GIC, you must have at least Basic life or health insurance through your school district on the date of your retirement.

If you do not wish to enroll in Basic Life Insurance, you must decline coverage by filling out the bottom portion of the enrollment form.