

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