
PLAN INFORMATION

Group Policyholder Name Bloomington Independent School District #271

Group Number 65768-9

EMPLOYEE INFORMATION

Employee Name *(First, Middle Initial, Last)* _____

CHILDREN INFORMATION *(Complete only if applying for Children's Accident Rider.)*
List all your eligible dependent children below. Attach this sheet to the Accident Insurance Application.

Child Name <i>(First, Middle Initial, Last)</i>	Birth Date <i>(Month, Day, Year)</i>