



LifeMap Assurance Company
100 SW Market Street
P.O. Box 1271, MS E-3A
Portland, OR 97207-1271
(503) 721-7161 • (800) 794-5390

Policy Holder	Policy Number	Effective Date
Teton School District #401	ID 039691	September 1, 2014

Social Security Number	Name (Last, First, Middle)
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Male ___ Female ___	Birthdate	Date Employed	Effective Date
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Occupation	Hours Worked/Week	Base Earnings
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Beneficiary

Primary—Full Name	Address	S.S.No.	Relationship	%ofben

Contingent—Full Name	Address	S.S.No.	Relationship	%ofben

I wish to apply for insurance under the Group Insurance Plan, or to authorize the changes noted above. I authorize deductions from my wage to cover my contribution if required, toward the cost of insurance. I understand that my deduction amount will charge if my coverage or costs change.

Signature _____

Date _____