

## Life & Long-term Disability Insurance Addition

**Instructions:** Fill out and return this form to Bethany Benefit Service.

I am newly eligible for life and long-term disability insurances due to an increase in hours worked and would like to add these benefits to my existing Bethany Benefit Service account. I and my employer understand and agree to the increase in premium rate due to this change.

**1. YOUR INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Effective Date of Change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2. EMPLOYMENT INFORMATION**

Check one:  Minister  Church Worker

Annual base salary (include SECA paid to minister or withheld from check) \$ \_\_\_\_\_

Parsonage provided? (do not include in base salary)  Yes  No

Housing allowance (do not include in base salary) \$ \_\_\_\_\_

**3. LIFE INSURANCE PRIMARY BENEFICIARY(IES)**

Full name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percentage received \_\_\_\_\_%

Mailing Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Full name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percentage received \_\_\_\_\_%

Mailing Address: \_\_\_\_\_ Relationship \_\_\_\_\_

**4. LIFE INSURANCE CONTINGENT BENEFICIARY(IES)**

Full name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percentage received \_\_\_\_\_%

Mailing Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Full name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percentage received \_\_\_\_\_%

Mailing Address: \_\_\_\_\_ Relationship \_\_\_\_\_

**5. AUTHORIZED SIGNATURES**

This form, signed by the policyholder and an authorized representative of the employer (treasurer, business manger, etc.), is to request the addition of benefits for the indicated poliyholder as stated above.

Policyholder Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Treasurer/Business  
 Manager Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_