

To Be Completed By Plan Administrator

Group Number 642548	Group Name Association of California School Administrators (ACSA)	Membership Date	Effective Date
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To Be Completed By Applicant

Additional forms and electronic authorization forms are available from the plan administrator, Keenan & Associates. Please mail completed and signed enrollment forms to the address below.

Keenan & Associates - Dept 25, PO Box 981044, Boston, MA 02298-1044, Phone: 424.285.8086 ext. 340103

- Apply for Coverage Change Existing Coverage New Member of Association (previously never eligible)
 Name Change Former Name _____

Your Name (Last, First, Middle)		Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address			City	State	ZIP
Email Address	Home Phone Number		Work Phone Number		
Job Title/Occupation	Earnings \$ _____ Per Year	Hours Worked Per Week	Are You Actively At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Employment Date	Membership <input type="checkbox"/> ACSA <input type="checkbox"/> ACCCA <input type="checkbox"/> District-Paid			
Employer's Address	City	State	ZIP		

Check with your plan administrator about coverage options, minimum and maximums available to you and, if applicable, medical history requirements.

Voluntary Long Term Disability Insurance**For You**

- Voluntary LTD requested coverage amount \$ _____

Benefit Waiting Period

- 60 Days 120 Days

Signature

- I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction will change if my coverage or costs change.
- I wish to make the choices indicated on this form. If electing coverage, I wish to authorize electronic payment (credit card or ACH) to cover my contribution toward the cost of insurance. I understand that my deduction will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Return completed form to Keenan & Associates.