



**PATROLMEN'S BENEVOLENT ASSOCIATION
OF THE CITY OF NEW YORK
125 Broad Street, New York, NY 10004**

DEPENDENT LIFE INSURANCE ENROLLMENT FORM

MEMBER'S NAME (LAST)				(FIRST)				(MIDDLE INITIAL)			
MEMBER'S SOCIAL SECURITY NUMBER							DATE OF BIRTH				
							MONTH	DATE	YEAR		
MEMBER'S HOME ADDRESS				NO. AND STREET							
CITY		STATE		ZIP CODE		HOME PHONE NUMBER ()					

PLEASE CHECK ONE: I HEREBY ELECT THE FOLLOWING:

- I DO NOT HAVE ELIGIBLE DEPENDENTS AT THIS TIME.
- I HAVE ELIGIBLE DEPENDENTS, BUT HEREBY **DECLINE** TO INSURE THEM FOR DEPENDENT LIFE INSURANCE.
- I HAVE ELIGIBLE DEPENDENTS AND HEREBY **ELECT** TO INSURE THEM FOR DEPENDENT LIFE INSURANCE.

MEMBER'S SIGNATURE

DATE