120 Royall Street • Canton, MA 02021

1-800-669-2668 x700



PLEASE PRINT OR TYPE

BML-32BBass-Vol-ENR

Please refer to your Administration Kit for enrollment and mailing instructions

/FAMILY INFORMATION Fi	1)(KCUI + + 11)	Schools						
Er	mployer/Policyholder	<u> </u>					Dej	pt. ID
1								
Eı	mployee Name (Last, First, Middle)					_ <u> </u>	Social Sec	curity Number
H	ome Address (Street, City, State, Zip)			DAVIDOLI CI	W 11	Teleph	one#	
G	ender (M/F) Occupation or Job Title	Dat	te of Birth Age	PAYROLL TYPE:	,	Bi-Weekly Annual Earr	nings: \$_	
Ā	verage Hours Worked Date of Hire	or Date of Full Ti	me Employment if different	Effective Date		State		Class
Sp	oouse (Last, First, Middle)			Gender (M/F)	Date of Birth	· · · · · ·	Age	No. of Depen
	You Must Have Basic Coverage	to Elect Voluntary Cover	rage You Mu	ıst Have Volunta	ury Coverage	e to Elect	Depen	ident Cover
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			DEPEN	DENT LIFE:				
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C	Contingent Beneficiary(ies):		VIII.					
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