

DOH _____		ROP _____	Work Site Loc. _____	WC Code _____
<b>For ESSG Client Use</b>				
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____	ESC Application _____
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
<b>For ESSG Office Use Only</b>				

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

Name (Print or type) Diana Obay  
 Applicant's Signature Diana Obay  
 Date 2/13/15

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my dequalification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

**Applicant Certification and Authorization**

Are you legally authorized to work in the United States of America?  YES  NO

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Staffing Agency/Recruitment Partner \_\_\_\_\_

Phone Number 320 923-9796 Email Address \_\_\_\_\_ @ \_\_\_\_\_

City/State/zip ST CLOUD MN 56303

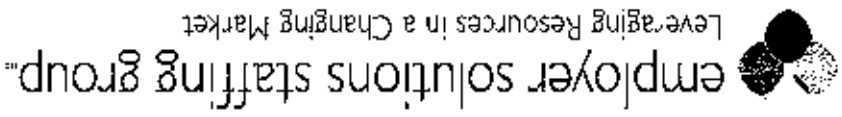
Street Address 1507 9th St North Apt/Suite HOURS

Last Name Obay First Name Diana Middle Initial D.O.

Personal Data - PLEASE PRINT LEGIBLY IN INK

**New Hire Application**

7301 Ohms Lane Suite 405  
 Edina, MN 55439  
 Tel: 952.835.1288 • Fax: 952.835.1255  
 www.esgstaffingsolutions.com



# Form W-4 (2014)

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES. Estimated tax for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes. **Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations. However, you may claim fewer (or zero) allowances for regular wages; withholding must be based on a flat amount or percentage of wages. **Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married). **Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 instructions for Nonresident Aliens, below.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding even if the employer is a dependent, if the employee.

**Exemption.** An employee may be able to claim exemption from withholding even if the employer is a dependent, if the employee.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married). **Future developments.** Information about any future developments affecting Form W-4 (such as legislative action) will be posted at [www.irs.gov/wf](http://www.irs.gov/wf).

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding even if the employer is a dependent, if the employee.

**Exemption.** An employee may be able to claim exemption from withholding even if the employer is a dependent, if the employee.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married). **Future developments.** Information about any future developments affecting Form W-4 (such as legislative action) will be posted at [www.irs.gov/wf](http://www.irs.gov/wf).

- A** Enter "1" for yourself if no one else can claim you as a dependent.
- B** Enter "1" if:
  - You are single and have only one job; or
  - You are married, have only one job, and your spouse does not work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
- C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.
- E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).
- F** Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G** Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. If your total income will be less than \$65,000 (\$85,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
- H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)

**For accuracy, complete all worksheets that apply.**

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

**Form W-4** Department of the Treasury Internal Revenue Service

**Employee's Withholding Allowance Certificate**

OMB No. 1545-0074 **2014**

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial: **Dickinson Dehan** Last name: **Dehan**

Home address (number and street or rural route), City or town, state, and ZIP code: **15074 4th St N, St Cloud MN 56303**

2 Your social security number: **476-55-5392**

3  Single  Married  Married, but withheld at higher single rate. Note: If married but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): **1**

6 Additional amount, if any, you want withheld from each paycheck: **\$**

7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. **7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. Employee's signature: **Dickinson Dehan** (This form is not valid unless you sign it.)

8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.) 9 Other code (optional) 10 Employer identification number (EIN): **404807095312**

Date: **2/13/15**

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Form W-4 (2014)

Separate here and give Form W-4 to your employer. Keep the top part for your records.

STOP Employer Completes Next Page STOP

Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)				
First Name (Given Name)				
Signature of Preparer or Translator			Date (m/m/d/yyyy)	

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

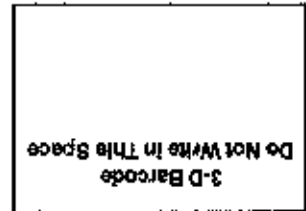
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Signature of Employee: <i>[Signature]</i>	Date (m/m/d/yyyy): 2/3/15
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: \_\_\_\_\_  
 Foreign Passport Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 1. Alien Registration Number/USCIS Number: \_\_\_\_\_



For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

(See instructions)

An alien authorized to work until (expiration date, if applicable, m/m/d/yyyy) \_\_\_\_\_ Some aliens may write "N/A" in this field.

A lawful permanent resident (Alien Registration Number/USCIS Number): 212-217-111

A noncitizen national of the United States (See instructions)

A citizen of the United States

I attest, under penalty of perjury, that I am (check one of the following):

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Date of Birth (m/m/d/yyyy): 01-01-1973		U.S. Social Security Number: 476556392		E-mail Address: _____		Telephone Number: 320-223-2796	
Address (Street Number and Name): 1507 5th St N		Apt. Number: _____		City or Town: St. Cloud		State: MN Zip Code: 56303	
Last Name (Family Name): Obour		First Name (Given Name): Didumo		Middle Initial: O		Other Names Used (if any): _____	

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.



Signature of Employer or Authorized Representative: \_\_\_\_\_  
 Date (mm/dd/yyyy): \_\_\_\_\_  
 Print Name of Employer or Authorized Representative: \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) have examined appear to be genuine and to relate to the individual.

Document Title: \_\_\_\_\_  
 Document Number: \_\_\_\_\_  
 Expiration Date (if any)(mm/dd/yyyy): \_\_\_\_\_

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial (if applicable) (mm/dd/yyyy): \_\_\_\_\_  
 B. Date of Rehire (if applicable) (mm/dd/yyyy): \_\_\_\_\_

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

Employer's Business or Organization Name: Burns, Rence  
 City or Town: Edina  
 State: MN  
 Zip Code: 55439

Signature of Employer or Authorized Representative: Renee Burns  
 Date (mm/dd/yyyy): 2-3-2015  
 Title of Employer or Authorized Representative: On-Site Rep

The employee's first day of employment (mm/dd/yyyy): 02-09-2015 (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-named document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**Certification**

Document Title: Instruction Permit	Issuing Authority: State of Minnesota	Document Number: H 04 807 02 95312	Expiration Date (if any)(mm/dd/yyyy): 10-14-15
Document Title: Social Security Card	Issuing Authority: Social Security Administration	Document Number: 476-55-5392	Expiration Date (if any)(mm/dd/yyyy):
Document Title: _____	Issuing Authority: _____	Document Number: _____	Expiration Date (if any)(mm/dd/yyyy): _____
Document Title: _____	Issuing Authority: _____	Document Number: _____	Expiration Date (if any)(mm/dd/yyyy): _____
Document Title: _____	Issuing Authority: _____	Document Number: _____	Expiration Date (if any)(mm/dd/yyyy): _____
Document Title: _____	Issuing Authority: _____	Document Number: _____	Expiration Date (if any)(mm/dd/yyyy): _____

Employee Last Name, First Name and Middle Initial from Section 1: **OBour, Didume, O**

OR  
 List A  
 List B  
 AND  
 List C

Section 2. Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

3-D Barcode  
 Do Not Write in This Space

**DISCLOSURE AND AUTHORIZATION [IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9041. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orangetreescreening.com](http://www.orangetreescreening.com) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p><b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p><b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p><b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orangetreescreening.com](http://www.orangetreescreening.com), another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. **Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address.)

**BACKGROUND INFORMATION**

Signature: Dickson Date: 7/8/15

Last Name: obauer First: Dickson Middle: scham

Other Names/Alia: \_\_\_\_\_

Social Security #: 476-55-5392

Driver's License #: H018070295312

State of Driver's License: \_\_\_\_\_

Present Address: 1567 5th St N

City/State/Zip: St Cloud MN 56303

Telephone # (Primary): 320-923-2799

Date of Birth (mm/dd/yyyy): 01-04-1973

State of Driver's License: \_\_\_\_\_

\* This information will be used for background screening purposes only and will not be used as hiring criteria.

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.  
 If you do not provide a written election, wages will be paid by Payroll Debit Card.

**SECTION 1 BASIC INFORMATION**

Employee Name: Diduma Obuan SSN# (last 4 digits): 5392 Effective Date: 1-1-1983

**SECTION 2 PAYROLL ELECTION**

Direct Deposit (Please complete Sections 3 and 5 below)  
 Payroll Debit Card (Please complete Sections 4 and 5 below)

**SECTION 3 DIRECT DEPOSIT**

<input type="checkbox"/> Update Bank Account	Bank Name: <u>WELLS FARGO</u>
Account#	Routing#
Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)**

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSC will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSC does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

**CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)**

First Name: <u>Diduma</u>	M.I.: <u>Ochuan</u>	Last Name: <u>Obuan</u>
Street Address (no box not acceptable): _____	State: <u>MA</u>	Zip: <u>56303</u>
City: <u>ST. Cloud</u>	Cell Phone (mobile): <u>320-295-2796</u>	

**GET TEXT ALERTS**, when your paycheck is deposited on your card! All we need to know your cell phone service provider and mobile number above!  Yes, sign me up for text alerts.

**RECEIPT OF PAYROLL DEBIT CARD** (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #: 073972181  
 Payroll Debit Card Account #: \_\_\_\_\_

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

**SECTION 5 AUTHORIZATION**

I authorize ESSC to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).

**\*E-mail:**

this information will only be used to send you paystubs electronically.

Employee's Signature: Diduma


Date: 1/3/15

**ENROLLMENT FORM**


BSC NAV\*SAD P2M v15.0

**OPTION 1** **FIXED INDEMNITY PLAN** Weekly Rates


You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

**FIXED INDEMNITY MEDICAL** 


\$20.91 Employee Only   
 \$42.44 Employee + 1   
 \$56.67 Employee + Family   
 NO to all Indemnity benefits.   
 This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

**DENTAL** 

\$5.99 Employee Only   
 \$11.98 Employee + 1   
 \$19.77 Employee + Family   
 NO

**TERM LIFE** 

\$0.60 Employee Only   
 \$0.90 Employee + 1   
 \$1.80 Employee + Family   
 YES   
 NO   
 \$4.20 Employee Only

**SHORT-TERM DISABILITY** 

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

YES   
 NO   
 \$4.20 Employee Only

**OPTION 2** **MEC WELLNESS/PREVENTIVE PLAN** Monthly Rates

82193010-M-EMP

\$58.87 Employee Only   
 \$87.73 Employee + 1   
 \$186.99 Employee + Family   
 NO to MEC Wellness/Preventive Plan

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.

Signature *D. Dimmick* Date *9/14/03*

**REQUIRED EMPLOYEE INFORMATION**

(Must Be Filled Out)  
 Social Security Number *#76-55-5392*  
 Date of Birth *02/01/73* Sex  M  F

Name *D. Dimmick*  
 Street Address *1517 Elm St M.*  
 City *St. Louis* State *MO* Zip *63103*  
 Home Phone *314-233-2796*

Do you or any dependents have Medicare?  
 Yes  No If Yes:  
 Medicare Health Insurance Claim Number (HICN) \_\_\_\_\_  
 Medicare Effective Date \_\_\_\_\_  
 Names of Covered Person(s)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**REQUIRED DEPENDENT INFORMATION**

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

**BENEFICIARY INFORMATION**

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

**NAME OF BENEFICIARY** \_\_\_\_\_  
**RELATIONSHIP** \_\_\_\_\_

Accidental Death & Dismemberment is part of the Term Life Benefit.