

BENEFITS/INSURANCE MEETING

Employee: _____

Employee number: _____

The benefits meeting scheduled for:

Day: _____

Time: _____

If you will be purchasing benefits for your dependents, please bring their date of birth and social security number with you.

PLEASE BRING THIS COMPLETED TO THE MEETING WITH YOU:

COMPANY PAID LIFE INSURANCE

Jim Glover provides \$10,000 life insurance to each eligible employee at no cost. Please complete the following beneficiary information:

Beneficiary:

Name: _____

Address: _____

Date of Birth: _____

Relationship to you: _____

PLEASE CHECK THIS BOX IF YOU'RE WAIVING ALL OTHER BENEFITS EXCEPT THE COMPANY PAID LIFE INSURANCE. Please Initial: _____