



Factfinder Group Term

EMERGENCY SERVICE ORGANIZATION INFORMATION:

Name of Organization: _____

Mailing Address: _____
Street or PO Box City/Twp/Borough County State Zip Code

Physical Address: _____
Street City/Twp/Borough County State Zip Code

Telephone Number: () _____ Fax Number: () _____

E-Mail Address: _____

Type of organization: Ambulance County Fire Department Relief Assoc. Rescue Squad
(Please check one)

CONTACT INFORMATION FOR EMERGENCY SERVICE ORGANIZATION:

Name: _____ Title: _____

Telephone Number: () _____ Work Home E-mail Address: _____

PRODUCER INFORMATION:

Name of Producer: _____

Producing Agency: _____

Address: _____
Street or PO Box City/Twp/Borough State Zip Code

Telephone Number: () _____ Fax Number: () _____

E-mail Address: _____

Are you a life licensed? Yes No

Date Proposal Needed By: _____

Number of Copies Needed: _____

DATA REQUIRED FOR A GROUP TERM PROPOSAL:

Census data including: Member's name, date of birth
Please review census to ensure legibility.

Proposed Effective Date for the Plan: _____

Basic Face Amount including Basic AD&D: \$ _____

Covered Activity AD&D (from 100% – 200%): _____ %

Reduction Schedule: *(Please check one)* { Standard Reduction (50% at age 70)
 None
 Other (explain) _____

Type of organization: Volunteer Career * Combination (Volunteer/Career)

* If combination, each member must be designated as either volunteer or career on the census.

Please contact the Benefits Division for information on transferring your census data electronically.