Pacific Guardian Life **Basic**	**HSTA Voluntary Employees Beneficiary Association Trust Group Life Insurance Enrollment Application**

○ New	○ Change	○ Cancel

Social Security #	Name (last, first, mi)		
HSTA-VEBA Trust ID#	Street Address		
○ Male ○ Female	City	State	Zip Code
Date of Birth / /	Home Telephone ( )	School/Work Telephone ( )	
Name of School	Date Employed	Date of Membership	Membership Type: ○ **Active** ○ **Retired**

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. The beneficiary designation may be changed at any time. The designation takes effect as of the date the completed form is received and accepted by HSTA Voluntary Employees Beneficiary Association Trust.

Beneficiary Information

Name (last, first, mi):	Relationship:	Primary ◉	
Address:	SSN:	DOB:	
Name (last, first, mi):	Relationship:	Primary ○	Contingent ○
Address:	SSN:	DOB:	
Name (last, first, mi):	Relationship:	Primary ○	Contingent ◉
Address:	SSN:	DOB:	
Name (last, first, mi):	Relationship:	Primary ◉	Contingent ○
Address:	SSN:	DOB:	
Name (last, first, mi):	Relationship:	Primary ○	Contingent ○
Address:	SSN:	DOB:	

I certify that the information provided is true and complete. I authorize HSTA-VEBA Trust to set the effective date of coverage and to make the deductions, adjustments or cancellations from my salary, wages, pension or other compensation for the monthly premium.

Employee Signature: _____Date:_____

HSTA-VEBA Trust use	Effective/Change Date:	Termination Date:

This life insurance plan is underwritten by:
Pacific Guardian Life Insurance Company, Limited