

See reverse side of card. If your life and AD&D benefits are to be paid as described therein, please mark "N/A" next to arrow below, sign and date card. Otherwise complete card in full.

**WASHINGTON EDUCATION ASSOCIATION**  
**ENROLLMENT CARD FOR GROUP LIFE INSURANCE**

Policy Number W-138  
Plan 2 (Life with Medical)

Please Print Your Last Name	First	Middle	Date of Birth	<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Home Address				
City-State-Zip Code			Social Security Number	
Name of School District			Date Employed	
Full Name of Beneficiary or Beneficiaries ↔		Relationship		
Beneficiary's Address-If Not A Relative				
Your Signature			Date Signed	

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY



GZE-W-138 (5/07)

**BENEFICIARY ORDER**

If you have not designated a beneficiary on the reverse side of this card, or if the designated beneficiary does not survive you, your benefits for loss of life are payable to the surviving person or persons in the first of the following classes of successive preference beneficiaries of which person survives you.

- Your:
- (1) Spouse
  - (2) Children, including legally adopted children
  - (3) Parents
  - (4) Brothers and Sisters
  - (5) Executor or Administrator