



Claysburg-Kimmel School District Benefit Information Form

Full Name: _____ ☐ Male ☐ Female
Contact Phone: _____ **Best Time to Contact:** _____
Email: _____ **DOB:** _____
Location: _____ **Dept:** _____

Please check the type and level of coverage you are interested in and return this form to the R&B Benefit Advisor before leaving.

Completing this form does not obligate you to any program.

Benefit	Individual	One-Parent Family	Employee & Spouse	Two-Parent Family
Allstate Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principal Short-Term Disability	<input type="checkbox"/>			
Principal Long-Term Disability	<input type="checkbox"/>			
Allstate Whole Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allstate Critical Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The purpose of this form is to help you determine the coverage you need, at a price you can afford.