



**General Board of Personnel Services, Inc. (CME Church)**  
**Group Key-Person Life Insurance Enrollment**  
*For Presiding Elders, Pastors and Lay Employees (C)*



Annual - \$590  
Semi-Annual - \$315

**EMPLOYEE DATA**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Date of Hire / CME Church \_\_\_\_\_  
 Church \_\_\_\_\_ Telephone \_\_\_\_\_  
 Payroll Frequency: \_\_\_ Weekly, \_\_\_ Biweekly, \_\_\_ Twice a Month, \_\_\_ Monthly Payroll Amount: \$ \_\_\_\_\_  
 Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**GROUP TERM LIFE BENEFICIARY DESIGNATIONS**

**Primary Organizational Beneficiary (\$10,000 of the distributed funds):**

Organization General Board of Personnel Services, Inc. (CME Church) Amount \$10,000  
Post Office Box 74, Memphis, TN 38101-0074

**Additional Organizational Beneficiary (\$25,000 of the distributed funds):**

Church \_\_\_\_\_ Amount \$25,000

**Primary Family Beneficiary(ies) (\$25,000 of the distributed funds):**

(1) Name \_\_\_\_\_ SSN \_\_\_\_\_ .- .- Amount \_\_\_\_\_  
 Relationship \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 (2) Name \_\_\_\_\_ SSN \_\_\_\_\_ .- .- Amount \_\_\_\_\_  
 Relationship \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Must total \$60,000**

**Secondary Family Beneficiary(ies) (if any named) (\$25,000 of the distributed funds):**

(1) Name \_\_\_\_\_ SSN \_\_\_\_\_ .- .- Amount \_\_\_\_\_  
 Relationship \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 (2) Name \_\_\_\_\_ SSN \_\_\_\_\_ .- .- Amount \_\_\_\_\_  
 Relationship \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Must total \$25,000**

*This Group Life Insurance is guaranteed issue which means it is approved regardless of health conditions or age. However, an insured must be an active employee of the CME Church or an affiliated institution. Coverage commences upon written notice from carrier.*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to:** The General Board of Personnel Services, Inc. (CME Church); PO Box 74; Memphis, TN 38101-0074  
**Questions:** (901) 345-4100 or [GBPSKeyPerson@gmail.com](mailto:GBPSKeyPerson@gmail.com).

*Mr. Eric M. Nation, Agent, MDRT Member – [NationWealthManagement@gmail.com](mailto:NationWealthManagement@gmail.com)*