

OPTIONAL WHOLE LIFE INSURANCE BY BOSTON MUTUAL

____ Already have Whole Life Insurance and do not wish to make a change.

____ If interested, new employee or wish to make a change (meeting with representative).

____ Not interested.

Name _____

Department _____

Telephone: _____ Cellphone: _____

Best time for representative to contact you: _____

RETURN THIS FORM TO HR OR FAX TO 394-4460

Employee's Printed Name _____

Date _____