

LifeBridge Eligibility Form

Please answer ALL of the following questions. Massachusetts Mutual Life Insurance Company (MassMutual) will use the information to determine if you are eligible to be considered for participation in the LifeBridge Free Life Insurance Program. Incomplete forms will not be considered for this program.

Answer each question truthfully. **CIRCLE** either **YES** or **NO**:

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|---|-----|----|
| 1. Are you between the ages of 19 and 42?
Date of birth _____ | YES | NO |
| 2. Are you the parent or legal guardian of at least one dependent child who is under the age of 18: | YES | NO |
| 3. Are you currently employed (full or part time)? | YES | NO |
| 4. Do you have a total family income that is at least \$10,000 but not more than \$40,000? | YES | NO |
| 5. Are you a permanent, legal resident of the U.S.? | YES | NO |
| 6. Are you the only member of your household who has applied? | YES | NO |

Note: The LifeBridge Free Life Insurance Program is not designed to replace insurance coverage you already may have purchased.

Identify your eligible children

Please print one or more individuals to receive equal benefits under the Trust. You must be the parent or legal guardian of these individuals (each child must be under the age of 18 at the time you apply).

Provide ALL information requested below.

Name	Address (if different than your own)	Date of Birth

Your address and signature

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

Signature _____ Date _____

Child Care Services Association is making this program available to you because you are a committed early childhood professional working to improve your knowledge and skills for the young children of North Carolina. Return to CCSA, PO Box 901, Chapel Hill, NC 27514.