

BENEFICIARY CHANGE ONLY

ENROLLMENT FORM FOR PERSONAL ACCIDENT INSURANCE

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.

Complete the following to enroll:

Company Name: _____ Master Policy #: _____
Employee's Full Name: _____ Social Security Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Your Date of Birth: ___/___/___ Date Employed: ___/___/___ Occupation: _____

Select Coverage Option: Employee Only Employee and Family Principal Sum: \$ _____
If you select coverage for your family, benefits for family members will be a percentage of yours.

Employee Beneficiary's Full Name: _____ Relationship: _____ Social Security Number: _____
Effective Date: For Official Use Only
Complete only if you have chosen the Employee and Family Plan - If you insure your spouse, you are his/her beneficiary unless you specify otherwise below
Spouse's Name: _____ Your Spouse's Date of Birth: ___/___/___ Social Security Number: _____
Spouse's and/or Dependent's Beneficiary if other than Employee: _____ Social Security Number: _____
Relationship: _____

Your Effective Date: Your coverage will begin on the later of: 1) the Policy Effective date; 2) the date this Enrollment Form is received by [Policyholder].

I authorize the deduction from my salary of the premium for the insurance applied for as shown above. I have been given the opportunity for this insurance but I do not desire to participate.
I understand that if I purchase more than I am allowed, any excess premiums will be refunded.

Employee's Signature _____ Date _____

Return first copy to your employer. Retain second copy for your records.

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