

# 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: \_\_\_\_\_

Effective Date - For Official Use Only

**Select Coverage Option:**  Employee Only  Employee and Spouse  Employee and Child(ren)

Employee and Family Principal Sum: \$ \_\_\_\_\_ Spouse Principal Sum: \$ \_\_\_\_\_ Child 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: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Complete only if you have chosen the Employee and Family Plan** - *If you insure your dependents, you are their 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 acknowledge that I have read, understand, and agree to the term and conditions of this coverage as detailed in the brochure and I authorize the premium deduction from my pay for the insurance applied for as shown above. I understand that if I purchase more than I am allowed, any excess premiums will be refunded.

I have been given the opportunity for this insurance but I do not desire to participate.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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