

# **ENROLLMENT FORM FOR PERSONAL ACCIDENT INSURANCE**

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

Complete the following to enroll:

**Company Name:** PSEA

**Master Policy #:** SRG 0009113185

Member'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:** **PSEA Member Benefit Amount:** \$ \_\_\_\_\_

- Option 1 - Member Only Coverage**
- Option 2 - Member & Spouse Only Coverage at 100%**
- Option 3 - Member & Spouse Only Coverage at 50%**
- Option 4 - Member & Dependent Child(ren) Only Coverage**
- Option 5 - Member, Spouse at 100% & Dependent Child(ren) Family Coverage**
- Option 6 - Member, Spouse at 50% & Dependent Child(ren) Family Coverage**
- I am covering a Domestic Partner, please send me the required Affidavit.**

*If you select coverage for your family, benefits for family members will be a percentage of yours.*

*If you insure your spouse/domestic partner, you are his/her beneficiary unless you specify otherwise in writing. If more than one beneficiary, please note on a separate sheet of paper.*

Member Beneficiary's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**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 PSEA.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return original to PSEA. Retain a copy for your records.*

