

# ENROLLMENT FORM FOR PERSONAL ACCIDENT INSURANCE

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

Complete the following to enroll:

Company Name: **PSEA Retiree/Associate Program**

Master Policy #: **SRG 0009113134**

Your Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Select Coverage Option:  Applicant Only  Applicant and Family Benefit Amount: \$ \_\_\_\_\_  
Annual Cost \$ \_\_\_\_\_

Effective Date - For Official Use Only

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

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

**Complete only if you have chosen the Applicant 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 Retiree: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Relationship: \_\_\_\_\_ If more than one beneficiary, please attach on separate sheet of paper.

**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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

