

ENROLLMENT FORM FOR PERSONAL ACCIDENT INSURANCE

Underwritten by: AIG Life Insurance Company

Complete the following to enroll:

Company Name: PSEA Retiree Program

Master Policy #: SRG 806 42 71

Retiree's Full Name: _____

Social Security Number: _____ - _____ - _____

Address: _____ City: _____

State: _____ Zip Code: _____

Your Date of Birth: ___ / ___ / ___

Effective Date - For Official Use Only

Select Coverage Option: Retiree Only

Retiree and Family

Benefit Amount: \$ _____

Annual Cost \$ _____

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

Retiree Beneficiary's Full Name: _____ Relationship: _____ Social Security Number: _____ - _____ - _____

Complete only if you have chosen the Retiree 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.

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

Retiree's Signature _____ Date _____