

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 806 42 71**

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.

