

Personal Accident Insurance Enrollment Form

National Union Fire Insurance Company of Pittsburgh, Pa.
New York, New York

Policyholder: Business Health Trust _____ Master Policy #: PAI 9132490 _____

Company Name: _____

Employee's Full Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Your Date of Birth: _____ Date Employed: _____

Occupation: _____ Effective Date: (For Official Use Only) _____

Select Coverage Option:

- Class I Employee Only Class I and II Employee and Family
- Class III Employee Only Class III and IV Employee and Family

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 #: _____

Complete only if you have chosen the Employee and Family Plan — If you ensure your dependents, you are their beneficiary unless you specify otherwise below.

Spouse's Name: _____ Spouse's Date of Birth: _____

Spouse's and/or Dependent's Beneficiary if other than Employee: _____ Relationship: _____

Your Effective Date — Your Coverage will begin on the later of: 1) the Policy Effective date or 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 Signature: _____ Date: _____

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

