



Voluntary Accidental Death & Dismemberment Insurance
Policy Number 118866-1-G

Employer: _____

Your Name: _____
(Last) (First) (Middle)

Social Sec. No.: _____

Date of Birth: _____
(Month) (Day) (Year)

Primary Beneficiary(ies): _____ Relationship: _____

Contingent Beneficiary(ies): _____ Relationship: _____
(To be paid only if primary beneficiary is not living)

PRINCIPLE SUM SELECTIONS

I hereby authorize the following monthly deduction from my salary as the premium for the insurance applied for as shown hereafter. (Check One)

<u>Voluntary AD&D Benefit Amount</u>	<u>Monthly Cost Employee Only \$0.014/\$1,000</u>	<u>Monthly Cost Family Plan \$0.019/\$1,000</u>
\$25,000	<input type="checkbox"/> \$ 0.35	<input type="checkbox"/> \$ 0.48
\$50,000	<input type="checkbox"/> \$ 0.70	<input type="checkbox"/> \$ 0.95
\$75,000	<input type="checkbox"/> \$ 1.05	<input type="checkbox"/> \$ 1.43
\$100,000	<input type="checkbox"/> \$ 1.40	<input type="checkbox"/> \$ 1.90
\$125,000	<input type="checkbox"/> \$ 1.75	<input type="checkbox"/> \$ 2.38
\$150,000	<input type="checkbox"/> \$ 2.10	<input type="checkbox"/> \$ 2.85
\$175,000	<input type="checkbox"/> \$ 2.45	<input type="checkbox"/> \$ 3.33
\$200,000	<input type="checkbox"/> \$ 2.80	<input type="checkbox"/> \$ 3.80
\$225,000	<input type="checkbox"/> \$ 3.15	<input type="checkbox"/> \$ 4.28
\$250,000	<input type="checkbox"/> \$ 3.50	<input type="checkbox"/> \$ 4.75
\$275,000	<input type="checkbox"/> \$ 3.85	<input type="checkbox"/> \$ 5.23
\$300,000	<input type="checkbox"/> \$ 4.20	<input type="checkbox"/> \$ 5.70
\$325,000	<input type="checkbox"/> \$ 4.55	<input type="checkbox"/> \$ 6.18
\$350,000	<input type="checkbox"/> \$ 4.90	<input type="checkbox"/> \$ 6.65
\$375,000	<input type="checkbox"/> \$ 5.25	<input type="checkbox"/> \$ 7.13
\$400,000	<input type="checkbox"/> \$ 5.60	<input type="checkbox"/> \$ 7.60
\$425,000	<input type="checkbox"/> \$ 5.95	<input type="checkbox"/> \$ 8.08
\$450,000	<input type="checkbox"/> \$ 6.30	<input type="checkbox"/> \$ 8.55
\$475,000	<input type="checkbox"/> \$ 6.65	<input type="checkbox"/> \$ 9.03
\$500,000	<input type="checkbox"/> \$ 7.00	<input type="checkbox"/> \$ 9.50

I elect not to participate at this time.

I verify that the information provided on this enrollment form is accurate and complete.

Date Signed: _____ Signature: _____