



# Personal Accident Insurance Enrollment Card

## Employer Section

(to be completed by the Employer)

Policy No. 9200867 Employer St. FX

## Employee Section

(to be completed by the Employee)

Employee's Last Name \_\_\_\_\_, First Name \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_

### Check One

- New Insurance
- Change of Name
- Addition of Family Plan
- Change in Amount
- Change of Beneficiary
- Deletion of Family Plan

**(For Quebec residents only: A spousal beneficiary is irrevocable unless you make the designation revocable by checking here:  Revocable)**

Beneficiary's Last Name \_\_\_\_\_, First Name \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

Is Spouse to be covered "Common Law"?  Yes  No If Yes, name: \_\_\_\_\_

### Please check:

- I hereby apply for \$ \_\_\_\_\_ of principal sum and authorize the deduction from my salary of the premiums for the insurance applied for.
- I wish to insure my spouse for a principal sum of \$ \_\_\_\_\_.
- I wish to insure my children for a principal sum of \$ \_\_\_\_\_. Number of children: \_\_\_\_\_
- I have been given the opportunity to apply for this insurance but I do not desire to participate.

\_\_\_\_\_  
Date (M/D/Y)

\_\_\_\_\_  
Employee's Signature

The terms and conditions governing the insurance are set out in the Group Policy which is on file with the Employer.

Return this Copy to your Employer.