

Enrollment Form for Group Accident Insurance

Policy Number: PAI – 119192
Cornell College

Complete the following to enroll in the personal Accidental Death and Dismemberment Insurance program:

Applicant's Full Name: _____

Date of Birth: _____ Social Security #: _____

Address: (street) _____
(city) _____ (state) _____ (zip) _____

Select Coverage Options:

Applicant Only Applicant & Family

Accidental Death & Dismemberment Sun: \$ _____ (refer to coverage limits)

Total Monthly Cost of Coverage: \$ _____

Applicant only = \$0.012 per \$1,000 of Principal Sum per month
Family coverage = \$0.023 per \$1,000 of Principal Sum per month

Beneficiary Designation:

Full name: _____

Relationship: _____

Note: Employee will be the Beneficiary for Spouse and Dependent Children Coverage

To the best of my knowledge and belief, all information I have provided is true and complete. I accept the insurance elected above. If at a later date I wish to change or cancel this insurance, I will notify the Human Resources Office in writing. I authorize the payroll deduction of my monthly cost.

Applicant's Signature

Date signed