



Personal Accident Insurance Enrollment Card

Employer Section

(to be completed by the Employer)

Policy No. Division/Unit

Employer

Employee Section

(to be completed by the Employee)

Employee's Last Name First Name Initial

Amount of Principal Sum Date of Birth (M/D/Y)

Check One Plan

Check One

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

Note - The Beneficiary Designation is revocable unless otherwise specified, however, for Quebec Residents the spousal beneficiary is irrevocable unless otherwise specified.

Beneficiary's Last Name First Name Initial Relationship to Employee

Is Spouse to be covered "Common Law"? Yes No If Yes, please provide name.

Spouse's Last Name First Name Initial

- I authorize the deduction from my salary of the premiums for the insurance applied for as shown above.
- I have been given the opportunity to apply for this insurance but I do not desire to participate.

Employee's Signature Date (M/D/Y)

Policy coverages, terms, conditions and exclusions are summarized in the certificate. We suggest that you keep the certificate with your other important documents for future reference.

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