



**SECTION 5: VOLUNTARY PERSONAL ACCIDENT INSURANCE-CHOOSE ONE**

€ Employee Only coverage in the amount of \$ \_\_\_\_\_

€ Family coverage in the amount of \$ \_\_\_\_\_

€ Waive Participation

Spouse and/or child(ren) eligible to be covered under the Voluntary Personal Accident Insurance Plan							
<u>Add</u>	<u>Remove</u>	<u>First Name</u>	<u>Last Name</u>	<u>Gender</u>	<u>Relationship</u>	<u>Date of Birth</u> YYYY/MM/DD	<u>Student/Disabled</u>

For any overage dependent child(ren), please indicate whether student or disabled. Proof of overage dependent status is needed prior to dependent having active coverage.

Voluntary Personal Accident Insurance Family Coverage Primary Beneficiary Designation				
<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u> YYYY/MM/DD	<u>Relationship</u>	<u>Percentage Designated</u>
Total must equal 100%				

Voluntary Personal Accident Insurance Family Coverage Contingent Beneficiary Designation		
<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u> YYYY/MM/DD

First Name

Last Name

Date of Birth

YYYY/MM/DDs f EMC /P <</MCID 98 >>BDC q4in /TT7 0 Td ( )Th /TT (iip429.18 48