

Office use only:
FACETS #

Unimerica Insurance Company
Association Administrative Address:
P.O. Box 17828, Portland, Maine 04112-8828

Group Accidental Death and Dismemberment Insurance
Enrollment Form
PIA Services Group Insurance Fund
Group Policy Number 1206

Please print in INK. Do not erase or use correction fluid. To correct, cross out and initial/date changes. Answer *all* questions, then sign the Agreement.

Section 1: MEMBER / EMPLOYEE INFORMATION

- 1. Member / Employee Name: _____ 2. Member SSN: _____
- 3. Billing Address: _____ City: _____ State: _____ Zip: _____
- 4. Home Address: _____ City: _____ State: _____ Zip: _____
- 5. Date of Birth: _____ 6. Place of Birth: _____ 7. Citizenship / Country: _____ 8. Sex: Male Female
- 9. Daytime Phone #: _____ 10. Your membership affiliation: Member Employee of a Member Other:
- 11. Current Occupation / Profession: _____ 12. How many hours a week do you work? _____
- 13. Beneficiary _____ 14. Relationship of Beneficiary to you: _____
- 15. Request is made for: New Coverage Increase: Certificate No.: _____ Current Amount of Coverage: _____]

Section 2: ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment: Amount of Principal Sum: \$ _____ \$30,000 to \$400,000 in increments of \$10,000
 Family Coverage Yes No (Spouse coverage is 50% of Your Coverage; Child Coverage is 10% of Your coverage)
 If Family Coverage is elected, please provide: Spouse Name and Date of Birth: _____
 Child (ren) Name and Date of Birth:

Section 3: AGREEMENT

I understand that, subject to the policy's deferred effective date provision, coverage will not become effective until the first day of the month after my enrollment form and first premium for the required amount are received by the Plan Administrator.
 Member/Employee Signature: _____ Dated: _____

Return this Enrollment form to:

Lockton Risk Services
P.O. Box 410679
Kansas City, MO 64141-0679
Fax: 913-652-7599
www.piatruster.com

Underwritten on Policy Form ADD-6001-A (UIC) by: Unimerica Insurance Company, Milwaukee, Wisconsin 53226
Association Administrative Address: P.O. Box 17828, Portland, Maine 04112-8828