



PIA SERVICES GROUP
INSURANCE FUND

ACCIDENTAL DEATH & DISMEMBERMENT PROGRAM

INDIVIDUAL CENSUS FORM

This is not an application for insurance.

PLEASE COMPLETE A SEPARATE CENSUS FORM FOR EACH PERSON REQUESTING A PROPOSAL.

Name: _____ Male Female

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Number of hours worked per week: _____

Date of Birth: _____

Coverage is being requested on: Member/Employee Only
 Member/Employee & Family

If dependent coverage is being requested:

Spouse's Name: _____ Date of Birth: _____

Dependent Child's Name: _____ Date of Birth: _____

Dependent Child's Name: _____ Date of Birth: _____

Dependent Child's Name: _____ Date of Birth: _____

Dependent Child's Name: _____ Date of Birth: _____

Benefit Amount: (\$30,000 - \$400,000 in increments of \$10,000)

Member/Employee Only: _____

Member/Employee & Family: _____

Administered by:

Lockton Risk Services
P.O. Box 410679
Kansas City, MO 64141-0679
1-800-336-4759
Fax: 913-652-7599

www.piatrust.com

Underwritten by:

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