



PIA SERVICES GROUP
INSURANCE FUND

SHORT TERM DISABILITY 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: _____ *(Must work at least 20 hours per week)*

Date of Birth: _____

Benefit Amount: _____

(Minimum of \$100 to a maximum of \$1,500 in \$100 increments)

**An eligible person may apply for up to 75% of monthly income
less any income from other sources.**

Administered by:

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

www.piatruster.com

Underwritten by:

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