

**GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
ENROLLMENT FORM**

Office use only

Facets #:

Group Master Policy Holder: **Pennsylvania Institute of CPAs**

Group Master Policy Number: **1198**

Member of Pennsylvania Institute of CPAs Date of Membership: _____

Employee of Member of PICPA Date of Hire: _____

If an Employee: Name and Address of Member/Firm: _____

Member/Employee's Full Name:			Date of Birth:	<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Mailing Address:			Social Security Number:	
City:	State:	Zip Code:	Daytime Phone Number:	
			Home Phone Number:	
			Email Address:	

You must be a member or an employee of a member to enroll for coverage. The member or employee must be insured to cover dependents.

Please make your enrollment election below, enter the Principal Sum and, if you are requesting coverage for your dependents, provide their full name and date birth. If you need more space, list additional children on a separate sheet of paper and send it to us with your enrollment form.

Plan: Member or Employee Only Family Plan Check here if You are currently insured requesting a Plan change

Principal Sum: \$100,000 \$125,000 \$150,000 \$175,000 \$200,000 \$225,000 \$250,000 Other \$ _____

Your Beneficiary *: _____

Relationship: _____

* Under the Family Plan, You are the beneficiary of Your Spouse and Children.

List all eligible dependents:

	<u>Full Name</u>	<u>Date of Birth</u>
<input type="checkbox"/> Spouse	_____	_____
<input type="checkbox"/> Children	_____	_____
	_____	_____
	_____	_____
	_____	_____

I understand and agree that coverage will not take effect until the first day of the month after my enrollment form and first premium for the required amount are received by the Plan Administrator.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Member/Employee's Signature _____

Date _____



400 Market Street, Suite 450
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Phone: 800-952-4050
Fax 215-351-9012
www.mather-co.com

Semi-Annual Premium Due Dates: January 1st and July 1st of each year

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