



# PERSONAL ACCIDENT INSURANCE ENROLLMENT/CHANGE FORM

Member's Name: \_\_\_\_\_  
*Last, First, M.I.*

Address: \_\_\_\_\_  
*Street, City, State, Zip*

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mm/dd/yyyy*

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Check Choice of Plan: (Check Appropriate box(es))

Member Only  
*(Class I)*

Buy-Up Coverage  
*(Class II - Optional)*

Family Plan  
*(Class III)*

### Check Benefit Amount:

\$100,000    \$200,000    \$300,000    \$400,000    \$500,000    Other\$ \_\_\_\_\_  
*Not to exceed \$500,000*

Beneficiary: \_\_\_\_\_ / \_\_\_\_\_  
*Name / Relationship*

*The beneficiary of the spouse and dependent child(ren) will be the insured member unless otherwise requested in writing to the Insurance Company.*

Spouse: \_\_\_\_\_  
*Last, First, M.I.*

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Child(ren):

Name: \_\_\_\_\_  
*Last, First, M.I.*

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
*Last, First, M.I.*

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
*Last, First, M.I.*

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I acknowledge that I have read, understand, and agree to the terms and conditions of this coverage as detailed in the handout and I authorize the premium deduction from my pay for the insurance applied for as shown above. I understand that if I purchase more than I am allowed, any excess premiums will be refunded.

I have been given the opportunity for this insurance but I do not desire to participate.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requested Effective Date of Coverage (mm/yyyy) \_\_\_\_\_



**AIG Domestic Accident & Health Division**  
*A Division of American International Companies*  
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License 0509203

**Mail to:**

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Harry J. Wilson Insurancenter Inc.

P.O. Box 27098  
Fresno, CA 93729-7098

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