CALIFORNIA PROFESSIONAL FIREFIGHTERS
INSURANCE TRUST

Personal Accident Insurance Enrollment/Change Form

Mail to:
CPF Insurance Trust
Harry J. Wilson Insurancenter Inc.
P.O. Box 27098
Fresno, CA 93729-7098
1-888-550-5000
Fax (888) 273-6630

Local: _____

Member's Name: _____
Last, First M.I.

Address: _____
Street

Date of Birth: _____ Soc. Sec. No: _____/_____/_____
mm / dd / yyyy

Home Phone: (____)_____ Work Phone: (____)_____

E-mail 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: _____ Relationship: _____
Name and 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: _____ Soc. Sec. No: _____/_____/_____
mm / dd / yyyy

Child(ren):

Name: _____
Last, First, M.I.

Date of Birth: _____ Soc. Sec. No: _____/_____/_____
mm / dd / yyyy

Name: _____
Last, First, M.I.

Date of Birth: _____ Soc. Sec. No: _____/_____/_____
mm / dd / yyyy

Name: _____
Last, First, M.I.

Date of Birth: _____ Soc. Sec. No: _____/_____/_____
mm / dd / yyyy

☐ 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): _____

Administrator:

AIG **AIG Domestic Accident & Health Division**
A Division of American International Companies
Two Rincon Center / 121 Spear Street / San Francisco, CA 94105-1588

Harry J. Wilson Insurancenter INC.
CA. License # 0509203