

**ENROLLMENT FORM**  
**Personal Accident Insurance**

**WEST VIRGINIA UNIVERSITY**

Application is hereby made to National Union Fire Insurance Company of Pittsburgh, Pa. for accident insurance under the terms of Master Policy No. PAI 9042648

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**Please print or type all information requested.**

Employee's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Type of Plan (check one)

Employee Only

Family

(If your family status changes at any time in the future, you may change your coverage by completing a new enrollment form.)

Amount of Insurance (Principal Sum) Desired \_\_\_\_\_ Monthly Cost \_\_\_\_\_

Employee's Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Unless you name a specific beneficiary under the policy, your beneficiary for accidental death will be that person or those persons designated by you for West Virginia University's group life insurance policy as shown on West Virginia University records kept on that policy. You will be the beneficiary of your dependents for their accidental death, unless designated and filed. Other payments made for all other losses will be made to, or on behalf of, the dependent suffering the loss.

**CHECK ONE**

I authorize West Virginia University to deduct from my salary, on a 9-month basis, the premium for the insurance for which I have applied. Amounts over \$250,000 cannot exceed 10 times employee's annual salary. I understand if I apply for more than I am allowed, any excess premium will be refunded.

I have been given the opportunity to apply for this insurance, but I choose not to participate.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS INSURANCE IS IN FORCE ONLY IF THIS ENROLLMENT FORM IS COMPLETED, YOU HAVE AUTHORIZED PAYROLL DEDUCTIONS OF PREMIUM, AND YOUR PREMIUM IS ACTUALLY RECEIVED BY THE INSURER.