

<input type="checkbox"/> New Participant
<input type="checkbox"/> Change in Coverage

UNIVERSITY OF WISCONSIN SYSTEM
ZURICH AMERICAN INSURANCE COMPANY
Accidental Death & Dismemberment Insurance
Policy No. GTU 83-64-005

<input type="checkbox"/> Cancellation of Coverage
<input type="checkbox"/> Change of Name
<input type="checkbox"/> Change of Beneficiary

Enrollment & Eligibility:

- All active employees eligible for the State of Wisconsin health insurance plan through the University of Wisconsin are eligible for the Accidental Death & Dismemberment Insurance Plan.
- Employees may request to change the amount of coverage or beneficiary at any time.
- Retirees on continuation and employees on leave of absence or layoff may not apply for nor increase coverage.

Effective Date:

- Coverage is effective the date the application is received in the institution Payroll and Benefit Office unless a later date is specified on the application.
- The same effective date determination applies to an increase in existing coverage.
- Decreases in coverage or cancellations are effective at the end of the period for which premiums have already been paid (at the higher level of coverage).

Name	Last	First	Middle Initial	Social Security Number
Address	Street			Birth Date (Mo/Day/Yr)
	City	State		Zip Code

PLAN SELECTED (CHECK ONE):

<input type="checkbox"/> PLAN I—EMPLOYEE ONLY PLAN	<input type="checkbox"/> PLAN II — FAMILY PLAN
--	--

Sum Amount*	\$ 25,000	\$ 50,000	\$ 100,000	\$ 150,000	\$ 200,000	\$ 250,000*
Employee Only Plan	<input type="checkbox"/> \$.95	<input type="checkbox"/> \$ 1.90	<input type="checkbox"/> \$ 3.80	<input type="checkbox"/> \$ 5.70	<input type="checkbox"/> \$ 7.60	<input type="checkbox"/> \$ 9.50
Family Plan	<input type="checkbox"/> \$ 1.38	<input type="checkbox"/> \$ 2.75	<input type="checkbox"/> \$ 5.50	<input type="checkbox"/> \$ 8.25	<input type="checkbox"/> \$ 11.00	<input type="checkbox"/> \$ 13.75

* Amounts applied for in excess of \$200,000 must not exceed 10 times your annual salary.

Beneficiary Designation: Benefits for loss of life are paid to the named beneficiary at the time of death. If there is no named beneficiary, or the named beneficiary does not survive the covered person, any benefit payable will be paid in accordance with the standard sequence provided in the summary. The beneficiary for spouse and dependent children coverage is the employee named above. If more than one primary beneficiary, indicate the portion to be paid to each.

PRIMARY BENEFICIARY(IES)

Name	Relationship	Address (Street, City, State, Zip Code)

CONTINGENT BENEFICIARY If the primary beneficiary(ies) does not survive me, then benefits become payable to the contingent beneficiary(ies). If more than one contingent indicate the portion to be paid to each.

Name	Relationship	Address (Street, City, State, Zip Code)

I authorize the University to deduct the monthly premium from my payroll check and remit it to the Insurance Company.

Date (Mo/Day/Yr)	Employee Signature
------------------	--------------------

For Office Use Only

<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Classified	<input type="checkbox"/> Unclassified	Coverage Effective Date _____
------------------------------	---------------------------------	-------------------------------------	---------------------------------------	-------------------------------