

ENROLLMENT FORM/SCHEDULE

GROUP ACCIDENT INSURANCE PLAN
 UNDERWRITTEN BY: **AIG LIFE INSURANCE COMPANY**

PLEASE TYPE OR
 PRINT WITH PEN

| | | | | |
|-------------------------|--|------------|----------------|--------------------------------|
| EMPLOYEE | LAST NAME | FIRST NAME | MIDDLE INITIAL | Your Social Security Number |
| | | | | |
| YOUR BENEFICIARY | | | RELATIONSHIP | YOUR DATE OF BIRTH |
| | | | | MO. DAY YR. |
| | NAME OF EMPLOYER: MISSISSIPPI STATE UNIVERSITY | | | EMPLOYEE'S AMOUNT OF INSURANCE |
| | CHECK ONE: <input type="checkbox"/> EMPLOYEE ONLY <input type="checkbox"/> FAMILY PLAN | | | \$ |
| | YOUR SPOUSE - COMPLETE ONLY IF YOU HAVE CHOSEN THE FAMILY PLAN | | | OFFICE USE ONLY |
| | | | | Effective Date |
| | LAST NAME | FIRST NAME | MIDDLE INITIAL | SEMI-MONTHLY DED. |
| | If you choose the family plan or employee and children only plan the beneficiary for your spouse and/or eligible children is the employee insured herein | | | \$ |

I AUTHORIZE THE DEDUCTION FROM MY SALARY OF THE PREMIUMS 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 TO APPLY FOR THIS INSURANCE BUT I DO NOT DESIRE TO PARTICIPATE.

 EMPLOYEE'S SIGNATURE

 DATE

POLICY NO. PAI 804 57 82

Sheltered Under Pre-tax Benefit Plan

I understand that all eligible benefit coverages offered by Mississippi State University are available to me through payroll deduction under the University's Pre-tax Benefit Plan as provided under Section 125 of the Internal Revenue Code. I elect to purchase benefits under the plans that I have elected to enroll in and authorize premiums to be paid on my behalf equal to my contributions for such insurance. I understand that selection of new insurance coverage does not automatically provide coverage and I must complete an application for insurance.

I understand that any election made under the Pre-tax Benefit Plan herein is irrevocable and may be changed only during the annual benefit enrollment period (effective date of February 1) or in the event of a change in family status (i.e., marriage, divorce, death of a spouse or a dependent, birth or adoption of a child, termination of employment of a spouse, switching from part-time to full-time employment status or from full-time to part-time status of a spouse, or employee or spouse taking an unpaid leave of absence). Family status changes must be made within 31 days of the qualifying event.

Finally, if I later choose not to participate in the Pre-tax Plan, or wish to change the plans under which I am covered, I may change such election made herein only as of January 1 following the date this selection is made. I also understand that if changes are not made by January 1, then I will be treated as having continued the same elections in effect for subsequent plan years (January 1 - December 31). I am aware that any expenses paid through the Pre-tax Benefit Plan are no longer eligible as deductions for federal or state income tax purposes and participation may reduce my future social security entitlements.

I understand that if I elect to have my insurance premiums deducted from my payroll check on a pre-tax basis, I should read the Mississippi State University Cafeteria Plan Summary Plan Description. I am aware that this information may be found at the Human Resources Management (HRM) website, www.hrm.msstate.edu.

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| <p>I ACCEPT the option of having the premiums for my AIG Accidental Death and Dismemberment Plan sheltered under the Pre-tax Benefit Plan. I understand that my insurance premiums for this coverage will be deducted from my payroll check on a pre-tax basis.</p> |
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Name _____ Social Security Number _____

Click on the box at right to return to the form.

Not Sheltered Under Pre-tax Benefit Plan

I understand that all eligible benefit coverages offered by Mississippi State University are available to me through the University's Pre-tax Benefit Plan. I have been offered the opportunity to participate in this Plan and do hereby decline this opportunity.

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| <p>I DECLINE the option of having the premiums for my AIG Accidental Death and Dismemberment Plan sheltered under the Pre-tax Benefit Plan. I understand that my insurance premiums for this coverage will be deducted from my payroll check after taxes are deducted.</p> |
|--|

Name _____ Social Security Number _____

Click on the box at right to return to the form.