

Personal Accident Insurance Enrollment Card

National Union Fire Insurance Company of Pittsburgh, PA.

Policyholder:	Mississippi State University	Policy Number:	PAI 9045782
Employee Information:			
Employees Full Name:			
Date of Birth:			
Date of Hire:			
Base Annual Earnings as defined:			
Job Title:			
Hours worked per week:			
Gender (circle one):	Male / Female		
Marital Status (circle one):	Single / Widowed / Divorced / Married		
Social Security Number:	/ /		
Selected AD&D Amount \$:	<input type="checkbox"/> Employee only <input type="checkbox"/> Employee & Family		
Employee Beneficiary Information:			
Name:			
Date of Birth:			
Social Security Number:	/ /		
Relationship:			
Complete this section only if you have chosen Employee & Family AD&D plan:			
Name of Spouse:			
Spouse Social Security Number:	/ /		
Spouse Date of Birth:			
Spouse's and/or Dependents Beneficiary if other than Employee:			
Social Security Number:	/ /		
Relationship:			
<p>This signature verifies that this information is true and correct to the best of my knowledge. When the plan of insurance, as presented to me, becomes effective, I authorize any required deduction from my wages to pay my portion of premiums</p>			
Employee Signature:			
Date:			
For Official Use Only			
Effective Date of Coverage / Approval:			

National Union Fire Insurance Co of Pittsburgh, PA Personal Accident Insurance Enrollment Form

EMPLOYEE INFORMATION-

- Enter employees full name
- Enter date of birth
- Enter date of hire
- Enter annual salary
- Enter Job title
- Enter hours worked per week
- Circle gender -Male/Female
- Circle marital status- single/widowed/divorced/married
- Enter social security number
- Enter selected AD&D Amount- check coverage type- employee only/employee & family

EMPLOYEE BENEFICIARY INFORMATION-

- Enter beneficiary Name
- Enter beneficiary date of birth
- Enter beneficiary social security number
- Enter relationship of beneficiary to employee

If you have chosen, the Employee & Family AD&D plan

- Enter name of Spouse
- Enter spouse social security number
- Enter spouse date of birth
- Enter spouse's or dependents beneficiary if other than employee
- Enter that beneficiary's social security number
- Enter relationship

Make sure to complete signature and date.

Please send completed form to the Human Resource Department via:

- In person: 245 Barr Ave, 150 McArthur Hall
- U. S. Mail: PO Box 9603, Mississippi State, Ms 39762
- Fax: 662 325-0753
- Secure e-mail: contact your benefit specialist listed on the website: hrm.msstate.edu for information how to send secure email. To find your benefit specialist, view the home page, about us, our staff.
- Campus mailstop 9603