

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

RELIANCE STANDARD LIFE INSURANCE COMPANY

ENROLLMENT CARD

PLEASE FOLLOW THESE IMPORTANT INSTRUCTIONS:

1. Type or print using ball point pen.
2. Return all copies to the Benefits Department, CB 1045

2008 Annual Enrollment

POLICYHOLDER: The University of North Carolina at Chapel Hill POLICY NO. VAR 50, 510A

Applicant's Name: (Print) _____ Soc. Sec. No. _____
(First) (Middle Initial) (Last)

Home Address: (Print) _____ Date of Birth _____
(Street) (City) (State) (Zip)

Beneficiary: Principal (Print) _____ Relationship _____

Contingent (Print) _____ Relationship _____

	Benefit Amount	Monthly Premium
<input type="checkbox"/> Employee	_____	_____
<input type="checkbox"/> Spouse/Domestic Partner (name: _____) Date of birth _____	_____	_____
<input type="checkbox"/> Child (name: _____) Date of birth _____	_____	_____
<input type="checkbox"/> Child (name: _____) Date of birth _____	_____	_____
<input type="checkbox"/> Child (name: _____) Date of birth _____	_____	_____
	Total Monthly Premium	_____

I desire to participate in the insurance program as presented to me and hereby authorize my employer to make the necessary deduction from my wage or salary to pay my premium. This authorization may be withdrawn by written request to the University at any time.

I do not wish to participate in this insurance program at this time.

Signature of Applicant

Campus address (Box No.): _____

Telephone: _____ Date: _____

EPA Employee Staff Employee