

Dickinson College
Voluntary Accidental Death and Dismemberment Insurance
(with The Hartford Insurance Company)

Employees must be actively at work at the time of enrollment.

Section I – Applicant Information

First, Middle Initial, Last Name	Social Security Number	Date of Hire	
Date of Birth	Male/Female	Occupation	Annual Salary
Home Address: Number and street	City	State	Zip code

Section II – Benefit Selection

Check the box that applies:

Employee Only	Family	Benefit Amount	Monthly Premium
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Section III – Beneficiary Information

Primary Beneficiary

First, Middle Initial, Last Name	Relationship to Applicant	Social Security Number
----------------------------------	---------------------------	------------------------

Contingent Beneficiary

First, Middle Initial, Last Name	Relationship to Applicant	Social Security Number
----------------------------------	---------------------------	------------------------

I UNDERSTAND that the Beneficiary for any dependent coverage will be the insured employee unless otherwise noted. As a covered employee, you have the right to elect a beneficiary in accordance with the provisions of your policy. You may also have the right to change the beneficiary designation. If more than one beneficiary is designated, payment will be made in equal shares to each of the designated beneficiaries which survive the insured; unless some other allocation is specified by you in writing in accordance with the provisions of the policy. If no designated beneficiary survives the insured, settlement will be made in accordance with the terms of the policy.

Section IV – Eligibility and Authorization

I AUTHORIZE Dickinson College to make payroll deductions for the above specified coverage and release other necessary information to the administrators of this program.

Employee Signature

Date