



VOLUNTARY PERSONAL ACCIDENT INSURANCE
 (Accidental Death and Dismemberment – AD&D)
Enrolment Form/Change of Beneficiary Form

PART A GENERAL INFORMATION

POLICY NUMBER 6477 45 51-04	Last Name	First Name	Employee ID
Extension	Department	Date of Birth (MM/DD/YY)	

PART B COVERAGE ELECTION

The Voluntary Personal Accident Insurance benefits have been explained to me and I understand the options available to me. Based on this information, I apply for the benefits elected below as provide by the applicable policy. I authorize the University to deduct regularly from my pay any contributions required to be made by me under the Voluntary Personal Accident Insurance Plan. Coverage becomes effective on the 1st of the month following the date your completed Enrolment form is received by Human Resources. It may only be increased or decreased once a year on July 1st or if I have a change in Family Status.

I choose to enroll in	<input type="checkbox"/> Plan I (Employee Only)
	<input type="checkbox"/> Plan II (Employee and Family)
	Principal Sum Amount \$ _____
<input type="checkbox"/> I have been given the opportunity to apply for this insurance but I do not desire to participate.	
<input type="checkbox"/> Beneficiary Change Only	

PART C BENEFICIARY APPOINTMENT

For accidental death benefits becoming payable as a result of my death, I designate the following person(s) to be the beneficiary(ies):

Last Name	First Name And Initials	Relationship	Entitlement %

If you have not named a beneficiary, the Loss of Life Benefit will be paid to the first surviving class in the following order: spouse, surviving children, surviving parents, surviving siblings, estate.

I authorize McMaster University; Chubb Insurance; their agents and service providers, to use and exchange the information collected in this form for the administration of Voluntary Personal Accident Insurance.

Employee Signature

Date

DATE STAMP

PART D HUMAN RESOURCES VERIFICATION

Human Resources Signature

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