

Underwritten by: AIG Life Insurance Company

PERSONAL ACCIDENT INSURANCE PROGRAM

SCHEDULE

Policyholder _____ Master Policy No. _____

University of Mississippi _____ PAI 803 24 65-A

Last Name First Name Mid Initial Social Security No. _____

Date Employed Date of Birth Employee's Occupation Amount of Insurance Selected

Employee's _____ Relationship _____ Plan _____ \$ _____

Beneficiary: _____

You may choose any amount of insurance, in multiples of \$10,000, from \$10,000 to \$250,000.

DO NOT COMPLETE UNLESS YOU ARE ENROLLING YOUR FAMILY Family

Spouse's _____ Plan _____ \$ _____

Name: _____

If you have elected the Family Plan, you are the beneficiary of your dependent(s) unless you specify otherwise below.

Dependent's Beneficiary if _____ Relationship _____

Other than Employee: _____

Check One

I want to be insured and I authorize premium deductions from my pay for the Insurance applied for. Furthermore, I understand that for amounts in excess of \$150,000, the Amount of Insurance I have applied for does not exceed ten (10) times my annual earnings. 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 wish to participate.

Effective Date Deduction Amount *Enrollment Authorized by Title

**Enrollment must be authorized by a member of the University of Mississippi Human Resources Department.*

Employee's Signature _____ Date _____