

ENROLLMENT FORM

Policyholder: The Regents of the University of California

Master Policy: PAI 9124922

Issuing Company: *National Union Fire Insurance Company of Pittsburgh, PA*

Application is hereby made to National Union Fire Insurance Company of Pittsburgh, PA for Accident Insurance under the terms of the Master Policy identified above. **Please mail this completed form along with your check to: University of CA – Retirees, PO Box 100408, Pasadena, CA 91189-0408**

(PLEASE PRINT OR TYPE)

Full Name: _____

Date of Birth: __ / __ / ____ **Social Security #:** ____ / ____ / ____

Street Address: _____

City: _____ **State:** ____ **Zip:** _____

Phone #: _____

Beneficiary: _____

Relationship to Beneficiary: _____

Amount of Insurance (Principal Sum) Desired: \$ _____

Type of Plan: Retired Employee
(Check One) Retired Employee & Spouse/Domestic Partner

Annual Cost: \$ _____

Please state the name of the campus or lab you retired from:

Official Date of Retirement: ____ / ____ / ____

Unless additional beneficiaries are named in a separate statement attached hereto the beneficiary for a spouse will be the insured person named on the top line of this Enrollment Form.

Signature

____ / ____ / ____
Date