

ENROLLMENT FORM FOR GROUP ACCIDENT INSURANCE FOR THE EMPLOYEES
OF VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY



Underwritten by Zurich American Insurance Company

Policy Number: GTU 5091373

Last Name:	First Name:	M.I.:	Occupation:
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Office Location:	Sex:	Date of Birth: / /
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Beneficiary Designation & Relationship:	The beneficiary for Spouse and Dependent Child(ren) is the employee named in the enrollment form.
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<input type="checkbox"/> I authorize the monthly deduction from my salary of the premiums for the insurance as applied for as shown hereunder. <input type="checkbox"/> I have been given the opportunity to apply for this insurance but I do not desire to participate.	Check One: <input type="checkbox"/> Plan I - Employee Only <input type="checkbox"/> Plan II – Family Coverage	Social Security No. - - Monthly Premium: \$
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Principal Sum Selected: \$

Your Signature:	Date:
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Spouse's Name:	Occupation:
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