

Office use only:  
FACETS # \_\_\_\_\_

Unimerica Insurance Company  
Association Administrative Address:  
P.O. Box 17828, Portland, Maine 04112-8828

Group Accidental Death and Dismemberment Insurance  
Enrollment Form  
PIA Services Group Insurance Fund  
Group Policy Number 1206

Please print in INK. Do not erase or use correction fluid. To correct, cross out and initial/date changes. Answer *all* questions, then sign the Agreement.

**Section 1: MEMBER / EMPLOYEE INFORMATION**

- 1. Member / Employee Name: \_\_\_\_\_ 2. Member SSN: \_\_\_\_\_
- 3. Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 5. Date of Birth: \_\_\_\_\_ 6. Place of Birth: \_\_\_\_\_ 7. Citizenship / Country: \_\_\_\_\_ 8. Sex:  Male  Female
- 9. Daytime Phone #: \_\_\_\_\_ 10. Your membership affiliation:  Member  Employee of a Member  Other:
- 11. Current Occupation / Profession: \_\_\_\_\_ 12. How many hours a week do you work? \_\_\_\_\_
- 13. Beneficiary \_\_\_\_\_ 14. Relationship of Beneficiary to you: \_\_\_\_\_
- 15. Request is made for:  New Coverage  Increase: Certificate No.: \_\_\_\_\_ Current Amount of Coverage: \_\_\_\_\_ ]

**Section 2: ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

**Accidental Death and Dismemberment:** Amount of Principal Sum: \$ \_\_\_\_\_ \$30,000 to \$400,000 in increments of \$10,000  
 Family Coverage  Yes  No (Spouse coverage is 50% of Your Coverage; Child Coverage is 10% of Your coverage  
 If Family Coverage is elected, please provide: Spouse Name and Date of Birth: \_\_\_\_\_  
 Child (ren) Name and Date of Birth:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3: AGREEMENT**

I understand that, subject to the policy's deferred effective date provision, coverage will not become effective until the first day of the month after my enrollment form and first premium for the required amount are received by the Plan Administrator.

Member/Employee Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Retain a photocopy of this Enrollment form for your records and return the original to:**

**Lockton Affinity, LLC**  
 P.O. Box 410679 • Kansas City, MO 64141-0679 • Phone: 800-336-4759 •  
 EMAIL: [pia@locktonaffinity.com](mailto:pia@locktonaffinity.com)

Underwritten on Policy Form ADD-6001-A (UIC) by: Unimerica Insurance Company, Milwaukee, Wisconsin 53226  
Association Administrative Address: P.O. Box 17828, Portland, Maine 04112-8828