

# Flex Shield

from the Accident & Health Division of AIG

## Individual Enrollment Form for Group Accident & Sickness Indemnity Insurance

Print or Type

Underwritten by

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.** Executive Offices: 70 Pine Street, New York, NY 10270 212.770.7000

(Herein called the Company)

Group Policyholder

Applicant's Name

First

Middle

Last

Applicant's Address

Street

City

State/ Province

Zip/ Postal Code

Daytime Phone Number

Social Security Number

Gender  Male  Female

Date of Birth

mm/dd/yy

Height

Weight

Marital Status

Single  Married  Widowed  Divorced  Other

Coverage Options

Applicant Only  Applicant and Spouse  Applicant and Child(ren)  Applicant and Family

(Write spouse's name below if you are applying for Applicant and Spouse or Applicant and Family coverage; if no spouse or if spouse is not to be covered, put N/A or "None" in space below.)

Spouse's Name

First

Middle

Last

Social Security Number

Gender  Male  Female

Date of Birth

mm/dd/yy

Height

Weight

Beneficiary\* (Please print full name and relationship)

\*The applicant will be the beneficiary for his or her spouse and/or dependent children if dependent coverage is selected unless designated otherwise.

### AUTHORIZATION

I authorize the premium for this insurance to be deducted from my salary and forwarded to the Company.

Applicant's Signature

Date