



Voluntary Accident Election of Coverage

Federal Insurance Company Policy No. 6475-30-70

School System _____ Work Location _____

Please check one: New Enrollment Change in Existing Coverage

EMPLOYEE

| | | |
|-------------------------------|---------------|---------------|
| Last Name | First Name | Middle Name |
| Street Address | | |
| City | State | Zip |
| Social Security Number | Date of Birth | Annual Salary |
| Your Loss of Life Beneficiary | Relationship | |

DEPENDENT (eligible dependents include spouse and children under age 19 or age 19 to 25 while a full-time student; see policy for details)

| | | |
|--------------------------------------|---------------|--------------|
| Dependent Name (last, first, middle) | Date of Birth | Relationship |
| Dependent Name (last, first, middle) | Date of Birth | Relationship |
| Dependent Name (last, first, middle) | Date of Birth | Relationship |

Attach list of additional dependents.

| Mark One | Plan A | | Plan B | | Plan C | | Other | |
|----------|-----------|---------|-----------|---------|-----------|---------|----------|---------|
| | Coverage | Premium | Coverage | Premium | Coverage | Premium | Coverage | Premium |
| Employee | \$100,000 | \$ 3.20 | \$250,000 | \$ 8.00 | \$500,000 | \$16.00 | \$ | \$ |
| Spouse | \$ 50,000 | \$ 1.60 | \$125,000 | \$ 4.00 | \$250,000 | \$ 8.00 | \$ | \$ |
| Child | \$ 10,000 | \$.32 | \$ 25,000 | \$.80 | \$ 50,000 | \$ 1.60 | \$ | \$ |
| Total | | \$ 5.12 | | \$12.80 | | \$25.60 | | \$ |

Signature _____ Date _____ Monthly Premium \$ _____
(CHUBBO2)

BENEFITS
Active Full-time Members & Retired Members Insured Prior to Retirement
 Above rates, effective 4/1/07, based on \$.032 per \$1,000 of benefit.

Eligible Persons
 Eligible persons may select benefit amounts in increments of \$10,000, subject to a minimum of \$10,000 and a maximum of \$500,000. Amounts in excess of \$250,000 can not exceed 10 times your annual salary.

Spouse / Domestic Partner
 An eligible person may select benefit amounts for his/her spouse in increments of \$5,000, subject to a minimum of \$10,000 and a maximum of \$250,000. The spouse's benefit amount can not exceed 50% of the eligible person's benefit amount.

Child(ren)
 An eligible person may select benefit amounts for his/her eligible dependent children in increments of \$5,000, subject to a minimum of \$10,000 and a maximum of \$50,000. The dependent child's benefit amount cannot exceed 10% of the eligible person's benefit amount.