

Life Insurance Company of North America

Personal Accident Insurance

POLICYHOLDER
City of San Jose

POLICY No.
OK-010280

ISSUED EFFECTIVE

MONTH DAY YEAR

I hereby apply for and authorize the necessary pension deduction for the premium to pay for accident insurance under the terms of the above Master Policy as follows (Please print or type):

Full Name _____ Date of Birth _____ Social Security # _____

Address _____
STREET CITY STATE ZIP

My Beneficiary _____ Relationship _____

I wish to enroll in the following plan (please check one):

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Plan 1 (\$10,000) | <input type="checkbox"/> Plan 5 (\$50,000) | <input type="checkbox"/> Plan 9 (\$90,000) | <input type="checkbox"/> Plan 15 (\$150,000) | <input type="checkbox"/> Plan 30 (\$300,000) |
| <input type="checkbox"/> Plan 2 (\$20,000) | <input type="checkbox"/> Plan 6 (\$60,000) | <input type="checkbox"/> Plan 10 (\$100,000) | <input type="checkbox"/> Plan 20 (\$200,000) | <input type="checkbox"/> Plan 40 (\$400,000) |
| <input type="checkbox"/> Plan 3 (\$30,000) | <input type="checkbox"/> Plan 7 (\$70,000) | <input type="checkbox"/> Plan 12 (\$120,000) | <input type="checkbox"/> Plan 25 (\$250,000) | <input type="checkbox"/> Plan 50 (\$500,000) |
| <input type="checkbox"/> Plan 4 (\$40,000) | <input type="checkbox"/> Plan 8 (\$80,000) | | | |

Monthly Premium \$ _____ Plan Selection (check one): Retiree Only Family Plan*

If you select coverage for your family, benefits for family members will be a percentage of yours.

I understand that the insurance selected will begin on the effective date as described in the brochure. If my family members are unable to engage in all the usual duties of a person of like age and sex, the effective date of coverage will be delayed until the family member resumes usual duties.

* Retiree applicant will be spouse/domestic partner's and dependent children's beneficiary unless otherwise stated in writing.

DECLINATION — I have been given the opportunity to apply for this insurance, but I do not desire to participate.

SIGNATURE _____ DATE _____

