

POLICYHOLDER

City of San Jose

POLICY NO.

OK-010280

ISSUED EFFECTIVE

MONTH

DAY

YEAR

Life Insurance Company of North America

I hereby apply for and authorize the necessary salary deductions 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 \_\_\_\_\_

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

Monthly Premium \$ \_\_\_\_\_ Plan Selection (check one)  Employee Only  Family Plan\*

I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, or my family members are not actively at work, or they 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 individual returns to work or the family member resumes usual duties.

\*Employee applicant will be spouse's and dependent children's beneficiary unless otherwise stated in writing.

**Important Note:** Child maximum is \$37,500.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



**CIGNA Group Insurance**  
Life • Accident • Disability