University of Wisconsin System
Accidental Death and Dismemberment Insurance
Zurich American Insurance Company
Policy GTU 8364005

PLEASE PRINT

Name (Last, First, Middle	Social Security Number
Address (Street, City, State, Zipcode)	
UW Campus Name	Date of Birth (Mo/Day/Yr)

Reason for submitting Application (Check all that Apply)

☐ New Enrollment ☐ Change of Beneficiary
☐ Change in Coverage ☐ Change of Name
☐ Cancellation of Coverage

Monthly Cost

Plan I----Employee Only coverage is $.029 for each $1,000.
Plan II---Family Plan coverage is $.044 for each $1,000.

Benefit Amounts:

Under this plan an employee may purchase a Benefit Amount between $25,000 and $250,000.
Note: Amounts applied for in excess of $200,000 must not exceed ten (10) times your annual salary.

Benefit Amount	Plan I Employee Only	Plan II Family Plan
$ 25,000	$ 0.73	$ 1.10
$ 50,000	$ 1.45	$ 2.20
$ 100,000	$ 2.90	$ 4.40
$ 150,000	$ 4.35	$ 6.60
$ 200,000	$ 5.80	$ 8.80
$ 250,000	$ 7.25	$ 11.00

Check one of the following	*Benefit Amount Selected*	*Monthly Cost*
☐ **PLAN I -- Employee Only**	**$**	**$**
☐ **PLAN II – Family Plan***	**$**	**$**

*A Domestic Partner Affidavit, if applicable, check one: ☐ Is included with application ☐ Is on file

View the certificate of coverage at http:www.uwsa.edu/hr/benefits/ins/laddcert.pdf.
Access and print your Zurich Travel Assist ID Card at http:www.uwsa.edu/hr/benefits/ins/laddtrcd.pdf.

Beneficiary Name	Relationship
Beneficiary Address	

If there is no named beneficiary, or the named beneficiary does not survive you, any benefit payable will be paid in accordance with the standard sequence provided in the certificate. You may add more beneficiaries by attaching a signed and dated listing to this application. You are the beneficiary for your spouse or domestic partner and dependent children.

I authorize the deduction from my salary of the premiums for the insurance applied for as shown above.	
Date (Mo/Day/Yr)	Employee signature

Submit the completed enrollment to your Institution Payroll or Benefits Office.

For Office Use Only:

Group Number GTU 8364005

Date Received by Employer (Mo/Day/Yr)	Received By:	Hire Date (Mo/Day/Yr)	Coverage Effective Date	Premium	Processor Initials
				$	

Original – UW System HR **Copy 2 – Campus** **Copy 3 – Employee**