

# ENROLLMENT FORM FOR PERSONAL ACCIDENT INSURANCE

Underwritten by: National Union Fire Insurance Company of Plttsburgh, Pa.

Complete the following to enroll:

**Policyholder:** The University of Florida **Master Policy #:** 0009061063  
**Employee's Full Name:** \_\_\_\_\_ **UFID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Your Date of Birth:** \_\_/\_\_/\_\_ **Name and Date of Birth of Youngest Child:** \_\_\_\_\_ / /  
**Primary Beneficiary:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Primary Beneficiary:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Contingent Beneficiary:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
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**To apply for coverage, please check either Individual Plan or Family in the space provided and check Principal Sum amount below:**

**Select Coverage Option:**  **Individual Plan**  **Family Plan**

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

### PRINCIPAL SUM AMOUNTS AND BI-WEEKLY COSTS

	Individual	Family		Individual	Family		Individual	Family		Individual	Family
<input type="checkbox"/> \$10,000	\$0.26	\$0.36	<input type="checkbox"/> \$200,000	\$5.20	\$7.20	<input type="checkbox"/> \$390,000	\$10.14	\$14.04	<input type="checkbox"/> \$580,000	\$15.08	\$20.88
<input type="checkbox"/> \$20,000	\$0.52	\$0.72	<input type="checkbox"/> \$210,000	\$5.46	\$7.56	<input type="checkbox"/> \$400,000	\$10.40	\$14.40	<input type="checkbox"/> \$590,000	\$15.34	\$21.24
<input type="checkbox"/> \$30,000	\$0.78	\$1.08	<input type="checkbox"/> \$220,000	\$5.72	\$7.92	<input type="checkbox"/> \$410,000	\$10.66	\$14.76	<input type="checkbox"/> \$600,000	\$15.60	\$21.60
<input type="checkbox"/> \$40,000	\$1.04	\$1.44	<input type="checkbox"/> \$230,000	\$5.98	\$8.28	<input type="checkbox"/> \$420,000	\$10.92	\$15.12	<input type="checkbox"/> \$610,000	\$15.86	\$21.96
<input type="checkbox"/> \$50,000	\$1.30	\$1.80	<input type="checkbox"/> \$240,000	\$6.24	\$8.64	<input type="checkbox"/> \$430,000	\$11.18	\$15.48	<input type="checkbox"/> \$620,000	\$16.12	\$22.32
<input type="checkbox"/> \$60,000	\$1.56	\$2.16	<input type="checkbox"/> \$250,000	\$6.50	\$9.00	<input type="checkbox"/> \$440,000	\$11.44	\$15.84	<input type="checkbox"/> \$630,000	\$16.38	\$22.68
<input type="checkbox"/> \$70,000	\$1.82	\$2.52	<input type="checkbox"/> \$260,000	\$6.76	\$9.36	<input type="checkbox"/> \$450,000	\$11.70	\$16.20	<input type="checkbox"/> \$640,000	\$16.64	\$23.04
<input type="checkbox"/> \$80,000	\$2.08	\$2.88	<input type="checkbox"/> \$270,000	\$7.02	\$9.72	<input type="checkbox"/> \$460,000	\$11.96	\$16.56	<input type="checkbox"/> \$650,000	\$16.90	\$23.40
<input type="checkbox"/> \$90,000	\$2.34	\$3.24	<input type="checkbox"/> \$280,000	\$7.28	\$10.08	<input type="checkbox"/> \$470,000	\$12.22	\$16.92	<input type="checkbox"/> \$660,000	\$17.16	\$23.76
<input type="checkbox"/> \$100,000	\$2.60	\$3.60	<input type="checkbox"/> \$290,000	\$7.54	\$10.44	<input type="checkbox"/> \$480,000	\$12.48	\$17.28	<input type="checkbox"/> \$670,000	\$17.42	\$24.12
<input type="checkbox"/> \$110,000	\$2.86	\$3.96	<input type="checkbox"/> \$300,000	\$7.80	\$10.80	<input type="checkbox"/> \$490,000	\$12.74	\$17.64	<input type="checkbox"/> \$680,000	\$17.68	\$24.48
<input type="checkbox"/> \$120,000	\$3.12	\$4.32	<input type="checkbox"/> \$310,000	\$8.06	\$11.16	<input type="checkbox"/> \$500,000	\$13.00	\$18.00	<input type="checkbox"/> \$690,000	\$17.94	\$24.84
<input type="checkbox"/> \$130,000	\$3.38	\$4.68	<input type="checkbox"/> \$320,000	\$8.32	\$11.52	<input type="checkbox"/> \$510,000	\$13.26	\$18.36	<input type="checkbox"/> \$700,000	\$18.20	\$25.20
<input type="checkbox"/> \$140,000	\$3.64	\$5.04	<input type="checkbox"/> \$330,000	\$8.58	\$11.88	<input type="checkbox"/> \$520,000	\$13.52	\$18.72	<input type="checkbox"/> \$710,000	\$18.46	\$25.56
<input type="checkbox"/> \$150,000	\$3.90	\$5.40	<input type="checkbox"/> \$340,000	\$8.84	\$12.24	<input type="checkbox"/> \$530,000	\$13.78	\$19.08	<input type="checkbox"/> \$720,000	\$18.72	\$25.92
<input type="checkbox"/> \$160,000	\$4.16	\$5.76	<input type="checkbox"/> \$350,000	\$9.10	\$12.60	<input type="checkbox"/> \$540,000	\$14.04	\$19.44	<input type="checkbox"/> \$730,000	\$18.98	\$26.28
<input type="checkbox"/> \$170,000	\$4.42	\$6.12	<input type="checkbox"/> \$360,000	\$9.36	\$12.96	<input type="checkbox"/> \$550,000	\$14.30	\$19.80	<input type="checkbox"/> \$740,000	\$19.24	\$26.64
<input type="checkbox"/> \$180,000	\$4.68	\$6.48	<input type="checkbox"/> \$370,000	\$9.62	\$13.32	<input type="checkbox"/> \$560,000	\$14.56	\$20.16	<input type="checkbox"/> \$750,000	\$19.50	\$27.00
<input type="checkbox"/> \$190,000	\$4.94	\$6.84	<input type="checkbox"/> \$380,000	\$9.88	\$13.68	<input type="checkbox"/> \$570,000	\$14.82	\$20.52			

\*Amounts in excess of \$350,000 are subject to 10x salary

I want to be insured and I authorize premium deductions from my pay for the insurance applied for. I understand that if I purchase more than I am allowed, any excess premiums will be refunded.

Currently enrolled- no changes

Cancel Coverage

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to  
 University Benefits  
 903 W. University Avenue  
 Gainesville, FL 32601  
 or by campus mail to P.O. Box 115007  
 Phone: (352) 392-2477**