

American Home Assurance Company (AIG)
VOLUNTARY ACCIDENT INSURANCE APPLICATION

POLICYHOLDER: **Newfoundland & Labrador Municipal Employee Benefits, Inc.**

MUNICIPALITY: _____

POLICY NUMBER: **PAI 910 77 97**

EMPLOYEE: _____
Last Name First Name Initial

DATE OF BIRTH: _____
(DD/MM/YY) (Employee ID Number/SIN)

EMPLOYEE'S AMOUNT OF INSURANCE: \$ _____

PLAN : Employee Only Family Plan

BENEFICIARY: _____

RELATIONSHIP: _____

I authorize the deduction from my salary of the premiums for the insurance applied for as shown above.

I have been given the opportunity to apply for this insurance but I do not wish to participate.

I reserve the right to change beneficiaries named above. Beneficiary of Insured Spouse and Dependent Children is the Insured Employee.

NOTICE: COLLECTION AND EXCHANGE OF ADDITIONAL INFORMATION: The information furnished and obtained in respect of this application for insurance will be forwarded to American Home Assurance Company, who along with its authorized administrators, participating reinsurers, and agents (the "Insurer") will use the information for insurance purposes such as to assess this application for insurance, to evaluate and investigate claims, and to detect and prevent fraud. The Insurer shall also consult its existing files for these purposes.

I consent to the collection, use and disclosure of my personal information as set out above.

(Employee's Signature)

(Date)

MUST BE SIGNED AND RETURNED TO THE TOWN CLERK. PLEASE INDICATE YOUR CHOICE CLEARLY. (Do not complete shaded area below.)

Effective Date: