

Instructions: Use this form for contributory cases only when benefits for spouse and children are a percentage of the employee benefit amount. Type or print using ballpoint pen. The Employee and the Policyholder must each receive a copy of the completed Personal Accident Enrollment Card.

Reliance Standard Life Insurance Company

PERSONAL ACCIDENT ENROLLMENT CARD

Policyholder		Policy No. VAR	
Proposed Insured's Name		Date of Birth	
Proposed Insured's Principal Sum	Beneficiary	Relationship	Certificate Effective Date

<input type="checkbox"/> Insured Only	<input type="checkbox"/> Family Plan(Including Insured): <table style="width:100%; margin-left: 20px;"> <tr> <td style="width:50%;"><input type="checkbox"/> Spouse With No Child(ren) _____% of Insured Amt.</td> <td style="width:50%;"><input type="checkbox"/> Child(ren) – No Spouse _____% of Insured Amt.</td> </tr> <tr> <td><input type="checkbox"/> Spouse With Child(ren) _____% of Insured Amt.</td> <td><input type="checkbox"/> Child(ren) With Spouse _____% of Insured Amt.</td> </tr> </table>	<input type="checkbox"/> Spouse With No Child(ren) _____% of Insured Amt.	<input type="checkbox"/> Child(ren) – No Spouse _____% of Insured Amt.	<input type="checkbox"/> Spouse With Child(ren) _____% of Insured Amt.	<input type="checkbox"/> Child(ren) With Spouse _____% of Insured Amt.
<input type="checkbox"/> Spouse With No Child(ren) _____% of Insured Amt.	<input type="checkbox"/> Child(ren) – No Spouse _____% of Insured Amt.				
<input type="checkbox"/> Spouse With Child(ren) _____% of Insured Amt.	<input type="checkbox"/> Child(ren) With Spouse _____% of Insured Amt.				

- I request to purchase this accident insurance coverage. I authorize the Policyholder to deduct from my salary or wages, if applicable, the necessary premium for this insurance coverage.
- I have been offered and have declined to purchase this accident coverage.

This signature is to: (1) verify the accuracy of the information contained on this card; and (2) to make the necessary authorization, if any.

Date Signed	Signature of Proposed Insured
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