

Enrollment Form for Group Accident Insurance, for **Pilots**

**The University of Wisconsin Systems**

Underwritten by Zurich American Insurance Company

Policy Number: GTU- 83 64 005



**ZURICH**

Last Name:		First Name:		M.I.:	For Payroll Use Only: _____ New _____ Change	
Address:			Sex:		Date of Birth:	
Beneficiary Designation:			Campus Location:			
<p>Upon approval of pilot coverage by the Company, I authorize monthly deduction from my pay, the premium for this coverage in addition to the premium for my Voluntary AD&amp;D coverage. It is my responsibility to report any change.</p> <p>Monthly premium cost per \$10,000 of coverage is \$.55.</p> <p>The amount selected may not exceed the Voluntary AD&amp;D amount.</p> <p>Amounts of coverage are subject to submission of a pilot history questionnaire and underwriting approval.</p>			Effective Date:		Social Security No.:	
			Total Hours Flown:		Monthly Premium:	
			Principal Sum Selected:		\$	
Your Signature:					Date:	
Spouse's Name:					Occupation:	

Return the completed form to your campus benefits office.