

Life Insurance Company of North America

Personal Accident Insurance

POLICYHOLDER
City of San Jose

POLICY No.
OK 010280

ISSUED EFFECTIVE

MONTH DAY YEAR

I hereby apply for and authorize the necessary salary deduction for the premium to pay for accident insurance under the terms of the above Master Policy as follows (Please print or type):

Full Name _____ Date of Birth _____ Social Security # _____

Address _____
STREET CITY STATE ZIP

Occupation or Position _____

My Beneficiary _____ Relationship _____

I wish to enroll in the following plan (please check one):

- Plan 1 (\$10,000) Plan 5 (\$50,000) Plan 9 (\$90,000) Plan 15 (\$150,000) Plan 30 (\$300,000)
- Plan 2 (\$20,000) Plan 6 (\$60,000) Plan 10 (\$100,000) Plan 20 (\$200,000) Plan 40 (\$400,000)
- Plan 3 (\$30,000) Plan 7 (\$70,000) Plan 12 (\$120,000) Plan 25 (\$250,000) Plan 50 (\$500,000)
- Plan 4 (\$40,000) Plan 8 (\$80,000)

Semi-Monthly Premium \$ _____ Plan Selection (check one): Employee Only Family Plan*

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

I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, or my family members are not actively at work, or they are unable to engage in all the usual duties of a person of like age and sex, the effective date of coverage will be delayed until the individual returns to work, or the family member resumes usual duties.

*Employee applicant will be spouse/domestic partner's and dependent children's beneficiary unless otherwise stated in writing.

DECLINATION — I have been given the opportunity to apply for this insurance, but I do not desire to participate.

SIGNATURE _____ DATE _____

TL-007112
AR-9810-10719(04/08)



CIGNA Group Insurance
Life • Accident • Disability