

ACCIDENT INSURANCE PLAN APPLICATION AND BENEFICIARY DESIGNATION

05-2013 V.1

I am applying for accident insurance under the terms of the master policy underwritten by AIG Commercial Insurance Company of Canada, and I authorize the University to deduct the monthly premium from my salary.

POLICY HOLDER

PAI 9019674
POLICY NO.

NAME OF APPLICANT

EMPLOYEE NO.

DATE OF BIRTH (Y/M/D)

OCCUPATION

ADDRESS

CITY

PROVINCE

TYPE OF PLAN

- Employee only Family plan Monthly premium _____
- I have been given the opportunity to apply for this insurance, but I do not want to participate.

AMOUNT OF PRINCIPAL SUM

DATE ISSUED (Y/M/D)

BENEFICIARY (IES)

RELATIONSHIP

I reserve the right to change the beneficiaries named above. The beneficiary of any insured spouse and of dependent children is the insured employee.

APPLICANT'S SIGNATURE

DATE



uOttawa

Ressources humaines
Human Resources