

Voluntary Accident Insurance Plan

Underwritten by Zurich American Insurance Company

Name: Last _____ First _____ Middle _____

Date of Birth: _____ Social Security Number: _____

For Company Use Only (Effective Date): _____ **Policy Number: GTU-3514423**

Cost and Method of Payment

The monthly cost for an Employee Only is \$.0336 for each \$1,000 Principal Sum. The monthly cost for the Family Plan is \$.0516 for each \$1,000 of Principal Sum. The cost of various amounts of Principal Sum is as follows (rates shown are calculated on a ten-month deduction basis):

Principal Sum*	PLAN I Monthly Cost Employee Only	PLAN II Monthly Cost Employee & Family
\$ 25,000	\$ 1.01	\$ 1.55
50,000	2.02	3.10
75,000	3.03	4.65
100,000	4.04	6.20
125,000	5.04	7.74
150,000	6.05	9.29
175,000	7.06	10.84
200,000	8.07	12.39
225,000	9.08	13.94
250,000	10.08	15.48
275,000	11.09	17.03
300,000	12.10	18.58
325,000	13.11	20.13
350,000	14.12	21.68
375,000	15.12	23.22
400,000	16.13	24.77
425,000	17.14	26.32
450,000	18.15	27.87
475,000	19.16	29.42
500,000	20.16	30.96

*The amount selected, if greater than \$150,000, may not exceed ten (10) times your base annual.

Principal Sum Selected

Monthly Cost

Plan I - Employee Only \$ _____ \$ _____

Plan II - Employee & Family \$ _____ \$ _____

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 do not desire to participate at this time.

Your Signature: _____ Date: _____

Your Beneficiary: _____ Relationship: _____