

# Personal Accident Insurance Enrollment and Beneficiary Designation Form



DUKE UNIVERSITY  
DUKE UNIVERSITY HEALTH SYSTEM

Please complete and return to your Benefits Office

Name \_\_\_\_\_ SSN or Duke Unique ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

Address \_\_\_\_\_

**I. Please check one of the following boxes:**

- New Enrollment or Coverage Change  Change of Beneficiary

**II. Please check one of the following boxes:**

- Monthly Payroll  Biweekly Payroll

**III. Type of Coverage:**

- Individual (\$ .27 per month for each \$10,000 of coverage)  Family (\$ .47 per month for each \$10,000 of coverage)

**IV. Amount of Principal Sum**

There is a minimum coverage amount of \$50,000 and a maximum coverage amount up to the lesser of \$750,000. Amounts over \$200,000 subject to 10 times annual salary. Coverage must be selected in \$10,000 increments.

- \$50,000  
 \$100,000  
 \$ \_\_\_\_\_ (other amount in \$10,000 increments)

**V. Beneficiary** \_\_\_\_\_

Relationship \_\_\_\_\_

**VI. Contingent Beneficiary** \_\_\_\_\_

Relationship \_\_\_\_\_

**VII. Signature and authorization – I hereby enroll and authorize the necessary salary deduction (applicable for the Personal Accident Insurance only) for the monthly premium to pay for accident insurance under the terms of the Plans. I acknowledge that it is my responsibility to change my coverage level as dependent(s) become eligible for coverage**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to: Human Resource Information Center, Box 90496, 705 Broad Street, Durham, NC 27705 or Fax: (919) 668-6768

Please keep a copy of this form - it and your corresponding payroll deductions are proof of enrollment. No further documentation will be provided. A Certificate of Insurance with details about the plan provisions is available at [www.hr.duke.edu/benefits/life/accident.html](http://www.hr.duke.edu/benefits/life/accident.html)