

ACCIDENT INSURANCE - POLICY GTU-4379497

Employee's Full Name _____

Dept. _____ Payroll _____ Employee No. _____ Social Security No. _____

Primary Beneficiaries:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

Contingent Beneficiaries:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

Employee Signature _____ Date Signed _____