



PERSONAL ACCIDENT INSURANCE PLAN Enrollment Form



Do not send your premium with this application. Mail or Fax Completed Enrollment Form and Direct Debit Application to:
SAMBA, 11301 Old Georgetown Road, Rockville, MD 20852-2800 • (800) 638-6589 • Fax (301) 816-0191

Coverage Amounts and Monthly Premiums

Enrollment Option	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$400,000	\$500,000
Member Only	\$0.30	\$0.76	\$1.52	\$3.03	\$4.55	\$6.07	\$ 7.58	\$ 9.10	\$12.13	\$15.17
Member & Family	\$0.50	\$1.24	\$2.48	\$4.97	\$7.45	\$9.93	\$12.42	\$14.90	\$19.87	\$24.83

Coverage levels for Member & Family are: **Member** = coverage amount; **Spouse only** = 60% of member's coverage; **Spouse and Child(ren)** = 50% of member's coverage for spouse and 15% of member's coverage for child(ren); **Child(ren) only** = 20% of member's coverage (coverage limited to \$50,000 per child).

Note: Maximum coverage amount available for members age 70 through age 74 is \$50,000. Maximum coverage amount for members age 75 and over is \$10,000.

Enrollment Information

Enroll me as: Member Only **or** Member & Family for coverage amount \$ _____

Member's Last Name First Name Middle Initial

Street Address (No. & Street Name)

City State ZIP Code

Agency Social Security Number Date of Birth Daytime Telephone Number
— — ()

E-mail Address Fax Number
()

Beneficiary Information

Please indicate your designated beneficiary(ies) name(s) and relationship(s) on the lines below. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

PRIMARY BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

Full Name and Address	% of Proceeds	Relationship to Insured	Birth Date
			/ /
			/ /

as shall then be living, and if no such beneficiary is then living

CONTINGENT BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

Full Name and Address	% of Proceeds	Relationship to Insured	Birth Date
			/ /
			/ /

Please refer to the Certificate for all plan details, including any exclusions, limitations and restrictions which may apply. Personal Accident Insurance coverage is issued by The Prudential Insurance Company of America, 751 Broad Street, a Prudential Financial company, Newark, New Jersey 07102, 1-800-524-0542. Prudential Financial is a service mark of The Prudential Insurance Company of America, Newark, NJ, USA and its affiliates.



Member Signature

Date