

Personal Accident Insurance Enrollment and Beneficiary Designation Form



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:

☐ Monthly Payroll

☐ Biweekly Payroll

II. Type of Coverage:

☐ Individual (\$.12 per month for each \$10,000 of coverage)

☐ Family (\$.25 per month for each \$10,000 of coverage)

III. 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)

IV. ☐ If you wish to cancel your existing Personal Accident Insurance coverage, please check box and sign/date below.

V. 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/ineligible for coverage. I also understand that the effective date of this coverage is the first day of the month following the date this completed enrollment form and payroll deduction authorization are received by the Human Resource Information Center.

Signature

Date

Return to: Benefits-Box 90496, 705 Broad Street, Durham, NC 27705

or **Fax: (919) 681-8774** or **email: hr@duke.edu**

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 <https://hr.duke.edu/benefits/finance/life-insurance/personal-accident-insurance>

Beneficiary Designation

Use the online form at the link below to designate your beneficiaries for Personal Accident Insurance:

<https://forms.hr.duke.edu/benefits/pai/>