

**PERSONAL ACCIDENT
ENROLLMENT FORM**
CIGNA Life Insurance Company of New York

For information and customer service,
call 1.800.231.1193, Monday through
Friday, 8:00 a.m.—8:00 p.m., ET.



Please print (preferably in black ink).

EMPLOYER: Cornell University	For CIGNA use only	Class: _____	Billing Location: _____
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Employee Name (First) _____ (Last) _____ Employee ID #: _____
 Social Security # _____-_____-_____ Birthdate ____/____/____ Date of Hire ____/____/____ Base Annual Salary _____
 Address _____ City _____ State _____ Zip _____ Sex: M F
 Work Phone () _____ Home Phone () _____

COMPLETE IF ELECTING SPOUSE/DOMESTIC PARTNER COVERAGE

Please choose one of the following:

I am currently married and my date of marriage is ____/____/____ -or- I currently have an eligible Domestic Partner.*

Spouse/Domestic Partner Information Name (First) _____ (Last) _____
 Social Security # _____-_____-_____ Birthdate ____/____/____ Sex: M F

*In order to be eligible you must complete a "Statement of Partnership" form provided by your employer.

PERSONAL ACCIDENT INSURANCE — POLICY NO. YOK-008416

I select the following Insurance amounts: Employee: Benefit Amount \$ _____
 (in units of \$10,000, up to \$500,000) Spouse/Domestic Partner: 100% of my benefit
 -or- 50% of my benefit Child(ren): 10% of my benefit

ACCEPTANCE / DECLINATION

I enroll and authorize my employer to deduct premiums from my earnings. I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, or my family members are not actively at work or they are unable to engage in all the usual duties of a person of like age and sex, the effective date of coverage will be delayed until the individual returns to work, or the family member resumes usual duties. Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any material false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. This is a crime subject to a civil penalty not to exceed \$5,000 and the state value of the claim for each such violation.

Signature _____ Date ____/____/____

Declination — Check here and sign above if you do not want coverage.

BENEFICIARY

To **specify a beneficiary**, complete the section below. If you wish to specify a beneficiary other than yourself for *your spouse/domestic partner or dependent child coverage*, or wish to specify *more than one beneficiary* for your spouse/domestic partner—sign, date and attach a separate sheet of paper using the format outlined below. Indicate percentage if designating more than one beneficiary.

Employee Beneficiary _____	Social Security # _____	Relationship _____	Date of Birth ____/____/____	% _____
				<small>must total 100%</small>
Employee Beneficiary _____	Social Security # _____	Relationship _____	Date of Birth ____/____/____	% _____
				<small>must total 100%</small>
Employee Beneficiary _____	Social Security # _____	Relationship _____	Date of Birth ____/____/____	% _____
				<small>must total 100%</small>

Rates & Plan Sheet—Personal Accident Insurance*

It's made to order.

You can buy coverage for yourself only or for yourself, your spouse and your children.

It's affordable.

A small amount of money can buy you a great deal of peace of mind. For \$2.10 a month, you can obtain \$100,000 of coverage. For \$4.30 a month, you can obtain \$100,000 of coverage for you and your spouse.

It's everywhere you are.

Because you never know when or where an accident is going to happen, Personal Accident Insurance provides around-the-clock, around-the-world protection, whether you're on or off the job. It offers insurance benefits if you, your covered spouse, or children are killed in an accident covered by the program, and accidental injury benefits if you or your covered family members are seriously injured in an accident covered by the program.

It's flexible.

You can purchase as much as \$500,000 worth of coverage, depending on your needs and budget¹.

It's convertible.

If your employment status with Cornell University changes or ends, or the policy is canceled, you can continue your coverage on an individual basis.

Selecting Your Accident Coverage Amount

How much will Personal Accident Insurance cost? It depends on the amount of coverage you feel you need and how much coverage you elect.

Monthly Cost of Insurance

Employee Only \$0.021 per \$1,000 of coverage	Spouse/Domestic Partner Only \$0.022 per \$1,000 of coverage	Child(ren) \$0.044 per \$1,000 of coverage
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Example:

If you select \$250,000 of coverage for yourself, 50% benefit for your spouse/domestic partner and 10% for your dependent children, then:

For you: $\$250,000 / \$1,000 = 250$
 $250 \times \$0.021 = \5.25 Monthly Cost

**For your spouse/
domestic partner:** $\$125,000 / \$1,000 = 125$
 $125 \times \$0.022 = \2.75 Monthly Cost

For your Child(ren): $\$25,000 / \$1,000 = 25$
 $25 \times \$0.044 = \1.10 Monthly Cost

The total monthly cost for you and your family would be \$9.10 (\$5.25 + \$2.75 + \$1.10).

Benefits Reductions

As you grow older, your benefits will be reduced according to the following schedule:

At age 70	Benefits will be reduced to 68% of the benefit amount selected
At age 75	Benefits will be reduced to 47% of the benefit amount selected
At age 80	Benefits will be reduced to 32% of the benefit amount selected
At age 85	Benefits will be reduced to 16% of the benefit amount selected

If you elect coverage for your family members, accidental death & dismemberment* benefits for your insured family members will be based on your selected benefit amount. Other plan benefits based on your selected amount will be determined by this education schedule. Coverage for your spouse/domestic partner ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 69.

¹Maximum benefit amount applies under age 70.

*For the purpose of this brochure, whenever the term Personal Accident Insurance or Accidental Death & Dismemberment is used, it is referring to the same insurance benefit.