NAGICO INSURANCES

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GROUP PERSONAL ACCIDENT ENROLLMENT FORM

Form must be completed in BLOCK LETTERS

Applicant's Name (Mr. Mrs. Miss):						
Date of Birth: (mm/dd/yyyy)		Sex: ○ Female ○ Male				
Marital Status: ○ Single ○ Married ○ Divorced ○ Widowed ○ Separated						
Tel. No:		Email:				
Applicant's Residence Address:						
City:		Country:				
	Beneficiary Name	**D.O.B** (mm/dd/yyyy)	**Relationship**	**Benefit percentage**	**City**	**Country**
1						
2						
3						
4						
5						
6						
Employer/Association:		Applicant's Occupation:				
Date Employed or Date Joined Association (mm/dd/yyyy)						

I hereby apply for the Registration as a Member of the Group Plan of the above Establishment and authorize the deductions of the contributions required to be paid by me, if any, in accordance with the terms and conditions of the Plan. I nominate the person(s) named above as beneficiary(ies) to receive any amount(s) which may be payable in the event of my death. I am familiar with the terms and conditions of the Plan and agree to be bound thereby.

Applicant Signature			Date (mm/dd/yyyy):
Employers/Association Authorized Signature		Employers/Association Authorized (Print)	Date (mm/dd/yyyy):
Witness (1) (Signed)		Witness (1) (Print)	Date (mm/dd/yyyy):