



# Critical Illness

## Individual Enrollment Form for Critical Illness Insurance

Print or Type

Underwritten by  
**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**  
(Herein called the Company)

Group Policyholder New York State Correctional Officers and Police Benevolent Association, Inc (NYSCOPBA)

Applicant's Name

First

Middle

Last

Applicant's Address

Street

City

State/ Province

Zip/ Postal Code

Daytime Phone Number

Social Security Number

Gender

Male

Female

Date of Birth

Height

Weight

mm/dd/yy

Marital Status

Single

Married

Widowed

Divorced

Other

Coverage Options

Applicant Only

Applicant and Spouse

Applicant and Family

(Write spouse's name below if you are applying for Applicant and Spouse or Applicant and Family coverage; if no spouse or if spouse is not to be covered, put N/A or "None" in space below.)

Spouse's Name

Social Security Number

First

Middle

Last

Gender

Male

Female

Date of Birth

Height

Weight

mm/dd/yy

Beneficiary\* (Please print full name and relationship)

\*The applicant will be the beneficiary for his or her spouse and/or dependent children if dependent coverage is selected unless designated otherwise.

### AUTHORIZATION

I authorize the premium for this insurance to be deducted from my salary and forwarded to the Company.

Applicant's Signature

Date