RETIREE/MILITARY PERSONAL ACCIDENT INSURANCE ENROLLMENT FORM Underwritten by: National Union Fire Insurance Company of Pittsburgh, PA

POLICYHOLDER: ARMY & AIR FORCE EXCHANGE SERVICE MASTER POLICY #: PAI 0009129205

(PLEASE PRINT OR TYPE)					
Retiree's Full Name:			Date Retired		
	rst MI	Last			
Retiree's Social Security Number	r	Retiree's Exchange Number_		_	
Street Address, City, State and Z	ip Code:			_	
Retiree's Date of Birth:				_	
Retiree's Beneficiary (Name & A	ddress):			_	
Relationship:				_	
· -					
If Retiree is married and designa spouse must accompany this For		his or her spouse as his/her benef	iciary, written consent of the R	etiree's	
Select the Plan in which you wish Self Only []		nual Salary (as of last date worked	<i>t</i>)		
(If you elect Family Plan, comple	te the following):				
Name of Spouse:				_	
Name(s) of Eligible Children:				-	
Unless additional beneficiaries a dependent children.	re named in a separate s	statement attached hereto, you wil	l be the beneficiary for your spe	ouse and	
Principal Sum Selected by	Retiree	Semi-a	nnual rate		
(Check one box below)	11011100		Retiree & Family		
Principal Sum Amount		-	-		
[] \$ 50,000*		\$ 9.52	\$ 14.76		
[] 75,000*		14.28	22.14		
[] 100,000*		19.04	29.52		
[] 125,000*		23.80	36.90		
[] 150,000*		28.56	44.28		
[] 175,000*		33.32	51.66		
[] 200,000*		38.08	59.04		
[] 225,000*		42.84	66.42		
[] 250,000*		47.60	73.80		

Your Effective Date: Your coverage will begin on the latest of: (1) the Policy Effective Date; (2) the date your premium is paid when due; or (3) the date this Enrollment Form is received by the Administrator.
*Amounts selected in excess of \$300,000 may not exceed 10 times your salary at retirement.

57.12

66.64

76.16

85.68

95.20

88.56

103.32

118.08

132.84

147.60

300,000*

350,000*

400,000*

450,000*

500,000*

CHANGE IN:	1 [1 PLAN COVERAGE	2 [1 PRINCIPAL SLIM	3 [1 CHANGE OF BENEFICIARY
CHANGE III.	1.1	I FLAN COVERAGE	Z. I	I FININGIFAL SUM	J. I	I CHANGE OF BENEFICIAN I

I hereby revoke my beneficiary and/or plan coverage and section of amount principal sum previously made by me and enroll currently in the plan and Amount of Principal Sum as indicated by the boxes

CANCELLATION OF COVERAGE

[] I hereby request cancellation of my Personal Accident Insurance.

If you have any questions, Please contact the Maksin Group at 1-866-506-1561.

UNDER THE PRIVACY ACT of 1974, solicitation of personal information is unauthorized by Title 10, United States Code, Sections 3012 and 8012. Information will be used for processing data required by the Policyholder for administration. Disclosure of information is voluntary. Failure to provide could affect administration and payment of claims.

For Retirees over age 65, to continue in the PAI plan, the premiums will remain the same as prior to age 65, but the insurance benefit (principal sum) will be reduced to:

- 70% upon attainment of age 65-69
- 50% upon attainment of age 70-74
- 40% upon attainment of age 75-80
- 30% upon attainment of age 80-84
- 15% upon attainment of age 85 plus.

To illustrate, here's how a retiree carrying \$100,000 principal sum coverage would be affected after age 65:

	Principal	Semi-A	nnual
	Sum	Premi	um
<u>Age</u>	<u>Coverage</u>	<u>Self</u>	<u>Family</u>
65-69	\$ 70,000	\$ 19.04	\$ 29.52
70-74	50,000	19.04	29.50
75-79	40,000	19.04	29.50
80-84	30,000	19.04	29.50
85 Plus	15,000	19.04	29.50

THIS FORM, WHEN COMPLETED AND PROPERLY VALIDATED, BECOMES PART OF YOUR CERTIFICATE, YOUR SOCIAL SECURITY NUMBER WILL BE YOUR CERTIFICATE NUMBER AND YOUR "COVERAGE EFFECTIVE DATE" WILL BE THE DATE YOUR INSURANCE COVERAGE BEGINS. THIS FORM REPLACES AND SUPERSEDES ANY SUCH FORM PREVIOUSLY COMPLETED BY THE RETIREE.

Retiree's Signature	Date Signed:
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EF9102387 (REV APR 2011)

Return to the Maksin Group (Plan Administrator) at Maksin - Misc PO Box 71322 Philadelphia, PA 19176-1322