## CIGNA ACCEPTANCE AND PAYROLL DEDUCTION AUTHORITY BALL STATE UNIVERSITY

EMPLOYEE							
NAME (PRINT)							Male
, ,_	Last Name		First (Given) Name		М	M. I.	
	<u>Ionth</u>	<u>Day</u>	<u>Year</u>		Month	<u>Day</u>	<u>Year</u>
Date of Employment				Date of Birth			
Linployment				Dirtii			
Beneficiary's nar	ne with ri	ght to chang	ne as stated	in the nol	icy (henefic	iary should he	- written
"Helen Jones", n			_	-	-	iai y siloulu bi	VIIICCII
ricien Jones , ii	Ot IVII3. I	ieili y A. Joii	C3 HOI WII	3. 11. A. JU	1163 ).		
RENEFICIARY NA	MF (PRIN	T)· Insert fu	ll name of F	eneficiary	,		
BENEFICIARY NAME (PRINT): Insert full name of Beneficiary							
Relationship to Employee							
		P	Address of B	eneficiary			
If more than one [	Popofician	vis namod th	a Daath Ban	ofit unlace	othorwico n	rovidad harain	will be paid
If more than one Beneficiary is named, the Death Benefit, unless otherwise provided herein, will be paid in equal shares to the designated Beneficiaries who survive the Employee. If no such Beneficiary							
survives, payment	_					no such benefi	iciai y
σαι τιτου, μα γο							
I HEREBY ACCEPT	THE FORM	S(S) OF GROU	JP INSURANO	CE PRESEN	TLY CONTRAC	CTED FOR BY M	1Y
EMPLOYER WITH	CIGNA IN T	HE AMOUNT	(S) FOR WHI	CH I AM OI	R MAY BECO	ME ELIGIBLE AI	ND
AUTHORIZE UNTIL	. REVOKED	BY ME IN WI	RITING THE D	EDUCTION	BY MY EMP	LOYER FROM N	ΛY
EARNINGS OF AM	OUNTS SU	FFICIENT TO	COVER MY C	ONTRIBUTI	IONS TOWAR	D THE PREMIL	JM UNDER
THE SAID GROUP	INSURANC	E CONTRACT	OR(S).				
Date signed Signature of Employee							