



Accidental Death and Dismemberment Insurance Change Form

Name of Employee: _____ PSU ID No.: _____

Payroll Frequency

Check one: Monthly Biweekly

Please select one of the following:

- I elect AD&D coverage and authorize proper deductions to be taken. (Indicate amount of coverage below.) I also understand that future changes in AD&D coverage can only be made during the annual open enrollment period.
- I decline to participate in the program.

Coverage Information

Employee Only

OR

Employee and Dependents

Principal Sum Amt	Cost	
	Monthly	Biweekly
<input type="checkbox"/> 10,000	.18	.08
<input type="checkbox"/> 25,000	.45	.21
<input type="checkbox"/> 50,000	.90	.42
<input type="checkbox"/> 100,000	1.80	.83
<input type="checkbox"/> 150,000	2.70	1.25
<input type="checkbox"/> 200,000	3.60	1.66
<input type="checkbox"/> 250,000	4.50	2.08
<input type="checkbox"/> 300,000	5.40	2.49

Principal Sum Amt	Cost	
	Monthly	Biweekly
<input type="checkbox"/> 10,000	.28	.13
<input type="checkbox"/> 25,000	.70	.32
<input type="checkbox"/> 50,000	1.40	.65
<input type="checkbox"/> 100,000	2.80	1.29
<input type="checkbox"/> 150,000	4.20	1.94
<input type="checkbox"/> 200,000	5.60	2.58
<input type="checkbox"/> 250,000	7.00	3.23
<input type="checkbox"/> 300,000	8.40	3.88

Beneficiary Information

Beneficiary: An AD&D Beneficiary Designation form can be obtained through the [Employee Benefits](#) Division website or by contacting Employee Benefits at 814-865-1473.

Signature

Signature of Employee: _____ Date: _____

RETURN TO: EMPLOYEE BENEFITS DIVISION, FOURTH FLOOR JAMES M. ELLIOTT BUILDING,
UNIVERSITY PARK, PA 16802