

ENROLLMENT FORM

Policyholder: Lawrence Livermore National Security, LLC — Retirees
Master Policy: PAI 9113068
Issuing Company: *National Union Fire Insurance Company of Pittsburgh, Pa.*

Application is hereby made to National Union Fire Insurance Company of Pittsburgh, Pa. for Accident Insurance under the terms of the Master Policy identified above.

Full Name: _____
Date of Birth: ___ / ___ / ____
Address: Street: _____
City: _____ **State:** _____ **Zip:** _____
Phone #: (____) _____ - _____
Official Retirement Date: ___ / ___ / ____
Campus or Lab: _____
Insured's Email Address: _____

AMOUNT OF INSURANCE REQUESTED:

Principal Sum: \$ _____ **Annual Cost:** \$ _____
Type of Plan: Retired Employee Retired Employee & Spouse/Domestic Partner

Beneficiary Information*:

Primary Beneficiary: _____

Relationship to Primary Beneficiary: _____

Contingent Beneficiary: _____

Relationship to Contingent Beneficiary: _____

*Unless additional beneficiaries are named in a separate statement attached hereto, the beneficiary for a spouse will be the insured person named on the top line of this Enrollment Form.

Signature

Date

Your completed form, along with your premium check made payable to
National Union Fire Insurance Company of Pittsburgh, Pa., should be mailed to:

Lawrence Livermore National Security — Retirees
PO Box 3105
Frisco, TX 75034

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