

*Instructions: Use this form only when benefits are a flat amount for spouse and children. Type or print using ball point pen. The Employee and the Policyholder must each receive a copy of the completed Personal Accident Enrollment Card.*

**Reliance Standard Life Insurance Company VAR 50538 Wisconsin Bankers PERSONAL ACCIDENT ENROLLMENT CARD**

**Policyholder WISCONSIN BANKERS ASSOCIATION**

**Policy No.  
VAR 50538**

Proposed Insured's Name

Date of Birth

Proposed Insured's Principal Sum

Beneficiary

Relationship

Certificate Effective Date

Insured Only

Insured and:

Spouse \_\_\_\_\_

Child(ren) \_\_\_\_\_

This signature is to verify the accuracy of the information contained on this card.

Date Signed

Signature of Proposed Insured

LRS-8250-03-0286