



C & SCT INDEMNITY PLAN

Construction and
Service Contract
Trust

PAN-AMERICAN LIFE INSURANCE COMPANY

GROUP ENROLLMENT FORM

Your Last Name	First Name	Middle Initial	<input type="checkbox"/> Male	Social Security No	Group Number
			<input type="checkbox"/> Female		
Your Address			Employer's Name		
City		State	Zip Code	Address	
Date of Birth / /		Date of Employment / /		City	State Zip Code
Home Phone ()	Do you have an eligible spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many eligible children do you have?	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed
Location of Employment			Plan		

List first names and complete for all eligible dependents proposed for insurance

Spouse	Date of Birth	Sex	Age	Social Security No.	If they are ages 19-26, are they a full-time college student?
Children	Date of Birth	Sex	Age	Social Security No.	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficiary _____ Relationship to you _____

I hereby declare that I am an active employee of the employer indicated above and that I work at or from the employment location indicated. All information given by me on this form at Pan-American Life Insurance Company's request is true and complete and is offered Pan-American Life Insurance Company as inducement to grant insurance.

NOTICE CONCERNING YOUR RIGHTS OF PRIVACY AS A CONSUMER

Pan-American Life Insurance Company collects nonpublic information about you from the following sources:

- Information we receive from you in applications or other forms;
- Information about your transactions with us, our affiliates or others; and
- Information we receive from a consumer reporting agency.

We do not disclose any nonpublic information about our customers or former customers to anyone, except as permitted by law.

We restrict access to your nonpublic personal information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I have been given the opportunity to apply for this insurance, but do not desire to participate.

Date Signed _____ Your Signature _____