



PENNSYLVANIA LUMBERMENS MUTUAL
I N S U R A N C E C O M P A N Y

PLM DIVIDEND ELECTION FORM

Today's Date:

Policy Number:

Company Name:

Address:

City, State, Zip:

Contact Name:

Email Address:

Phone Number:

** Please specify which Association Group Dividend Plan you would like to enroll in.*

I am not currently enrolled in a Safety Group Plan. Please enroll me into the *
Safety Group Dividend Program, effective immediately.

I am enrolled in the _____ Safety Group Plan. Please remove me from this plan

and enroll me in the * _____ Safety Group Dividend Plan effective on the anniversary date
of my policies.

Sign Submission

Date:

By signing the electronic signature box above, you hereby consent and agree that you are an authorized representative and that the electronic signature constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same effect as a handwritten signature.

Please return your completed form by email to scho@plmins.com, fax to (215) 625-9097 or by mail to:

Pennsylvania Lumbermens Mutual
Attn: Marketing
One Commerce Square
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Philadelphia, PA 19103