



PENNSYLVANIA LUMBERMENS MUTUAL

INSURANCE COMPANY

One Commerce Square
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Philadelphia, PA 19103

Phone 800.752.1895 Fax 267.825.9349 Email info@plmins.com
Attn: Marketing Department

DIVIDEND ELECTION FORM

Today's Date

PLM Policy #

Company Name

Address

City, State, Zip

Contact

Phone Number

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

- Please enroll me into the * _____ Safety Group Dividend Program, effective immediately. I understand that this is the only Safety Group Plan underwritten by PLM that I will be participating in. If I am currently enrolled in another Safety Group Plan underwritten by PLM, I will be removed from that plan and placed into the * _____ Safety Group Dividend Plan effective on the anniversary date of my policies.

Signature

Date