



PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPANY

INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

## PLM/ILM DIVIDEND ELECTION FORM

Today's Date:

Policy Number:

Company Name:

Address:

City, State, Zip:

Contact Name:

Email Address:

Phone Number:

*\* Please Specify which Association Safety 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 currently 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](mailto:scho@plmins.com), fax to (215) 625-9097 or by mail to:**

Pennsylvania Lumbermens Mutual  
Attn: Marketing  
One Commerce Square  
2005 Market Street, Suite 1200  
Philadelphia, PA 19103