



Volunteer Activation Form

Paralyzed Veterans of America
Membership & Volunteer Program
801 Eighteenth Street, NW * Washington, DC * 20006-3517
800-424-8200 ext. 776 * 202-416-7776 * (TTY) Dial 711 * 202-785-4452 Fax

New Volunteer Reactivating Volunteer (number if available) _____
 Current Volunteer-Updating information. Volunteer Number: _____

Chapter Name: _____ Date: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Social Security Number: _____ Male
MM DD YEAR Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please provide the following information if you use your personal vehicle for volunteer related duties.

Driver's License # _____ State Held in: _____

EXCESS AUTOMOBILE LIABILITY INSURANCE

Excess automobile liability insurance provides coverage to protect all active registered volunteers who use their personal automobiles for program-related duties. This insurance is over and above their personal auto insurance and only volunteers maintaining required personal liability insurance are eligible for coverage. The volunteer will automatically be covered by this insurance if they have provided a driver's license number and the state in which it is held, when filing out their Volunteer Activation Form. If they do not provide this information they are not entitled to this insurance. If the volunteer enters an inactive status they will not be eligible for this insurance until their status is reactivated.

I hereby affirmatively waive coverage under the Business Travel Accident Program (see next page).

NATIONAL OFFICE USE ONLY
Volunteer Identification Number _____

Processed by _____

DATE RECEIVED

Process Date ____/____/____

BUSINESS TRAVEL ACCIDENT PROGRAM (BTAP)

This insurance provides 24-hour business travel accident coverage while the volunteer is away from the office performing official PVA business. All registered PVA volunteers are automatically covered under Class III, in accordance with PVA's insurance policy. The BTAP form, naming the beneficiary(ies) can be submitted anytime to National Office. The volunteer will remain insured until they are terminated or become inactive. Volunteers can change their beneficiary(ies) anytime by submitting a new BTAP

BENEFICIARY PROVISION

Chapter Volunteer

Other

- Chapter Volunteer - Please provide volunteer number (if known) _____
- Other

DESIGNATION OF BENEFICIARY

Settlement of the proceeds payable under the terms of this policy by reason of death of the insured shall, subject to the applicable provisions printed below, be made in one sum to the beneficiary(ies) herein designated, EXCEPT as may be otherwise indicated by an "X" or check mark in the box preceding 1 below. Please type or print.

1. Pay proceeds in one sum to THE ESTATE OF THE INSURED.
2. Pay proceeds to the following beneficiary(ies):

Name: _____ Relationship to the Insured: _____

Name: _____ Relationship to the Insured: _____

Name: _____ Relationship to the Insured: _____

Any amount payable to a beneficiary shall be paid to the beneficiary(ies) designated by the insured, except that, unless otherwise specifically provided by the insured in his/her beneficiary designation:

- (a) If more than one beneficiary is designated, the designated beneficiaries shall share equally.
- (b) If any designated beneficiary predeceases the insured, the share which such beneficiary would have received if surviving the insured shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survive the insured.

The General Provisions of this policy shall be considered as part of this Beneficiary Provision where applicable.

Signature: _____ Date: _____