Applying is easy!

Just follow these simple instructions.  **Send no money now.**

Complete the **Enrollment Form** if you are a **newly eligible faculty/staff member** or a **faculty/staff member** who is enrolling during their initial enrollment period.

**TIPS**

1. Fill in each section carefully, answering each question completely. If any parts are left blank, we cannot process your enrollment form.

2. Select the **ONE Daily Benefit / Lifetime Maximum** that you prefer **(only ONE)**.

Then select the Inflation Protection Feature of your choice and/or if you are interested in Shared Lifetime Maximum. Premiums for the plan options are in the plan booklet.

3. Read and sign Section 4.

4. We may telephone you if we are unsure about any information and are very grateful for your cooperation.

5. Return your application in the enclosed envelope to:
   
   CNA Insurance  
   P.O. Box 64908  
   St. Paul, MN 55164

6. We will send your certificate via First Class Mail.

7. Your premiums will be deducted from your paycheck.

Complete the **Short Form Application** if you are a **faculty/staff member** who is applying after their initial enrollment period or the **spouse/domestic party/Party to a Civil Union (if recognized in your state of residence)** of a faculty/staff member who is applying at any time.

**TIPS**

1. Fill in each section of the application carefully, answering each question completely. If any parts are left blank, we cannot process your application.

2. The faculty/staff member and spouse/domestic partner/Party to a Civil Union should complete his or her own application.

3. Select the **ONE Daily Benefit / Lifetime Maximum** that you prefer **(only ONE)**.

Then select the Inflation Protection Feature of your choice and/or if you are interested in Shared Lifetime Maximum. Premiums for the plan options are in the plan booklet.

4. **If you are a faculty/staff member**, complete Sections 1 through 5. Read and sign Sections 4 and 6.

5. **If you are a spouse/domestic partner/Party to a Civil Union**, complete Sections 1 through 5. Be sure to include the faculty/staff member’s name and social security number in Section 3. Then read and sign Section 6. Faculty/staff must read and sign Section 4.

6. We will inform you by mail whether you have been accepted. If accepted, we will send your certificate via First Class Mail.

7. Premiums will be deducted from the faculty or staff member’s paycheck.

8. Return your application in the enclosed envelope to:
   
   CNA Insurance, P.O. Box 64908,  
   St. Paul, MN 55164.

**Questions?**

**Just call a CNA Customer Service Representative at 1-877-430-5824**