



UNION PLUS SENIOR ACCIDENTAL DEATH INSURANCE PLAN ENROLLMENT FORM

Underwritten by: Hartford Life and Accident Insurance Company, Hartford, CT 06155



Name: _____

Address: _____

City/State/Zip: _____

International Union: _____

Local Union Number: _____



Complete and Return to:

Union Plus Insurance Program

P.O. Box 47060

Phoenix, AZ 85068-9963

Policy # ADD-9939

1 Please complete all information

Member Name: _____ (FIRST, M.I., LAST) Member Date of Birth: _____
 MONTH — DAY — YEAR
 Address: _____ STREET
 City, State, Zip: _____ CITY STATE ZIP CODE
 Phone Number: (____) ____-____ Email Address: _____ Sex: ☐ Male ☐ Female

SPOUSE/DOMESTIC PARTNER

Name: _____ (FIRST, M.I., LAST) Date of Birth: _____
 MONTH — DAY — YEAR
 Address: _____ STREET
 City, State, Zip: _____ CITY STATE ZIP CODE
 Phone Number: (____) ____-____ Email Address: _____ Sex: ☐ Male ☐ Female

2 Please select Member coverage

☐ Option A
\$100,000
(\$24.80/m)

☐ Option B
\$50,000
(\$12.40/m)

☐ Option C
\$25,000
(\$6.20/m)

3 Select Spouse/Domestic Partner coverage

☐ Option A
\$100,000
(\$24.80/m)

☐ Option B
\$50,000
(\$12.40/m)

☐ Option C
\$25,000
(\$6.20/m)

4 Beneficiary designation

Your beneficiary for this coverage will be your legal spouse, if living. If you have no spouse, your beneficiary will be your children, your parents, your brothers and sisters, or your estate, in that order. The member is the beneficiary for the spouse and children's coverage.

Continued →

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Please sign and date

I hereby enroll with Hartford Life and Accident Insurance Company of Hartford, CT, for coverage under the Union Plus Senior Accidental Death Insurance Plan ADD-9939. I have read and understand the conditions and exclusions of the program. I understand that my coverage will become effective upon the first day of the month following the administrator's receipt of this Enrollment Form and my first premium payment.



X _____ **X** _____

Union Member's Signature (REQUIRED)**Spouse's Signature** (If applying)**Date**

MONTH		DAY		YEAR			

Date

MONTH		DAY		YEAR			

FRAUD NOTICE(S)**For Residents of Florida:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Louisiana:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New York (Not applicable to Life Insurance):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Virginia:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Return completed enrollment form today to:

Union Plus Insurance Program, P.O. Box 47060, Phoenix, AZ 85068-9963

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

Questions? Call toll-free 1-800-393-0864