



NASW Assurance Services ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN ENROLLMENT FORM



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



Official Member No. _____

Name: _____

Address: _____

City/State/Zip: _____

Complete and Return to:
 NASW Assurance Services
 Group Insurance Program Administrators
 P.O. Box 26450
 Phoenix, AZ 85068

Policy # ADD-11243

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

| | |
|----------------------------------|-----------------------|
| <u>Benefit Amount</u> | <u>Quarterly Rate</u> |
| <input type="radio"/> \$100,000* | \$14.01 |

*At age 70, all coverage is reduced by 50%

3 Select Spouse/Domestic Partner coverage

| | |
|-----------------------------------|-----------------------|
| <u>Benefit Amount</u> | <u>Quarterly Rate</u> |
| <input type="radio"/> \$100,000** | \$21.00 |

**At age 70, all coverage is reduced by 50%.

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

5**Please sign and date**

I hereby enroll with Hartford Life and Accident Insurance Company of Hartford, CT, for coverage under the NASW Assurance Services Accidental Death and Dismemberment Insurance Plan ADD-11243. 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.



NASW Member's Signature (REQUIRED)

Date

- -

MONTH DAY YEAR



Spouse's Signature (If applying)

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 Kentucky:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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:

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:

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Return completed enrollment form today to:

NASW Assurance Services Group Insurance Program Administrators, P.O. Box 26450, Phoenix, AZ 85068

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 1-866-514-8974