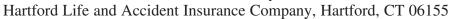
NASW 50-PLUS TERM LIFE INSURANCE PLAN ENROLLMENT FORM

GROUP TERM LIFE INSURANCE CERTIFICATE WITH GRADED DEATH BENEFIT

Underwritten by:



Complete and Return to:

NASW Assurance Services Group Insurance Program Administrators P.O. Box 26450, Phoenix AZ 85068-9955



NASW ASSURANCE SERVICES WILL PAY THE FIRST MONTH FOR YOU

Please complete all information:
OFFICIAL MEMBER NO.:
Member Name (First, Middle Initial, Last):
Address:
City, State, Zip:
Phone Number: (Email Address:
Date of Birth: / / / day year
SPOUSE/DOMESTIC PARTNER (First, Middle Initial, Last):
Address:
City, State, Zip:
Phone Number: (Email Address:
Date of Birth: / /
Check the desired coverage:
MEMBER: ○ \$10,000 ○ COVERAGE INCREASE TO \$20,000 (if age 50-64)
SPOUSE/DOMESTIC PARTNER (if enrolling): \$\infty\$\$ \$10,000 \$\infty\$\$ COVERAGE INCREASE TO \$20,000 (if age 50-64)
Indicate beneficiary, and complete 4 and 5:
Member's Beneficiary (print full name):
Name:
Relationship: Percentage: %
Name:
Relationship: Percentage: %
Note: The Primary Insured will be the beneficiary of any Spouse/Domestic Partner coverage.

Please answer the question below:	
By enrolling in this insurance, do you intend to replace, discontinue or change an existing Member: O Yes O No Spouse/Domestic Partner (if applying): O Yes O No	policy of life insurance?
Please read carefully and sign and date below:	
I hereby enroll with Hartford Life and Accident Insurance Company for coverable Life Insurance Plan. I certify that I am 50 through 74 and the above statement best of my knowledge and belief. I also understand that any misrepresentation of company may be used to contest the validity of the coverage, within the contest materially affects acceptance of the risk.	nts are full, complete, and true to the contained herein or relied upon by the
I understand that my coverage will become effective on the Certificate Effective Date shown in the Schedule of Insurance, subject to payment of the required premium. I also understand that, during the first two years of coverage, the benefit payable for death due to sickness will be the premiums paid plus interest. After two years of coverage, the benefit payable for death due to sickness will be the full benefit amount. At any time, the benefit payable for death due to accident will be the full benefit amount.	
In the event of any discrepancy between this document and the policy, the coverage information is in the certificate issued to each insured individual.	terms of the policy apply. Complete
Member Signature (Required)	Date (Required) (month/day/year)
Spouse/Domestic Partner Signature (Required if enrolling)	Date (month/day/year)
Spould Domestic Latitor Signature (required if circlining)	(Required if requesting coverage)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company. 15-SRADTL-SRADTLS-UNDER65/OVER65-20/10-Q

Please mail your completed Enrollment Form in the enclosed postage-paid envelope to: NASW Assurance Services Group Insurance Program Administrators, PO Box 26450, Phoenix, AZ 85068-9955

FormPA-9349 (1909) (HLA) 88220-01 41047 T26966 ©2016 AGIA



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

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Just complete this enrollment form and return it today!

50-Plus, designed especially for NASW members aged 50-74, offers group rates and a quick, convenient enrollment process.

Why not take a moment

to see what your affordable group cost would be for this additional financial security?

- Enrolling couldn't be easier there is NO MEDICAL EXAM required.
- This is Term Life coverage.
- You can CONTINUE YOUR COVERAGE
 TO AGE 90 regardless of changes in your
 health.
- NO SALES CALLS the entire enrollment process takes place through the mail.

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