



# NASW 50-PLUS TERM LIFE INSURANCE PLAN

## ENROLLMENT FORM

### GROUP TERM LIFE INSURANCE CERTIFICATE WITH GRADED DEATH BENEFIT



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

**Complete and Return to:**  
NASW Assurance Services  
Group Insurance Program Administrators  
P.O. Box 26450, Phoenix  
AZ 85068-9955

**LIMITED TIME OFFER** **NASW ASSURANCE SERVICES WILL PAY THE FIRST MONTH FOR YOU**

### 1. Please complete all information:

OFFICIAL MEMBER NO.:

Member Name (First, Middle Initial, Last):

Address:

City, State, Zip:

Phone Number: (  )  -  Email Address:

Date of Birth:  /  /   
month day year

SPOUSE/DOMESTIC PARTNER (First, Middle Initial, Last):

Address:

City, State, Zip:

Phone Number: (  )  -  Email Address:

Date of Birth:  /  /   
month day year

### 2. Check the desired coverage:

MEMBER:  \$10,000  COVERAGE INCREASE TO \$20,000 (if age 50-64)

SPOUSE/DOMESTIC PARTNER (if enrolling):  \$10,000  COVERAGE INCREASE TO \$20,000 (if age 50-64)

### 3. 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.

#### 4. Please answer the question below:

By enrolling in this insurance, do you intend to replace, discontinue or change an existing policy of life insurance?

MEMBER:  Yes  No

SPOUSE/DOMESTIC PARTNER (if applying):  Yes  No

#### 5. Please read carefully and sign and date below:

I hereby enroll with Hartford Life and Accident Insurance Company for coverage under the NASW 50-PLUS Term Life Insurance Plan. I certify that I am 50 through 74 and the above statements are full, complete, and true to the best of my knowledge and belief. I also understand that any misrepresentation contained herein or relied upon by the company may be used to contest the validity of the coverage, within the contestable period, if such misrepresentation materially affects acceptance of the risk.

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 terms of the policy apply. Complete coverage information is in the certificate issued to each insured individual.

X \_\_\_\_\_

Member Signature (Required)

X \_\_\_\_\_

Spouse/Domestic Partner Signature (Required if enrolling)

X \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Date (Required) (month/day/year)

X \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Date (month/day/year)

(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



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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?

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- 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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