

# **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	GUARANTE ACCEPTAN
Name:	Complete a
Address:	NASW Assurance
City/State/Zip:	Group Insurance

# and Return to:

e Services **Program Administrators** P 0 Roy 26/50

		Phoenix, AZ 85068	Policy # ADD-11243	
1)	Please complete all information			
	Member Name: (FIRST, M.I., LAST)	Member Date of Birth:	TH DAY YEAR	
	Address:			
	STREET			
	City, State, Zip:		STATE ZIP CODE	
	Phone Number: ( Email Address:		Sex: Male Female	
	SPOUSE/DOMESTIC PARTNER			
	Name: (FIRST, M.I., LAST)	Date of Birth:	TH DAY YEAR	
	Address:			
	City, State, Zip:		STATE ZIP CODE	
_	Phone Number: ( ) Email Address:		Sex: Male Female	
2	Please select Member coverage			
	Benefit Amount	Quarterly Rate		
	\$100,000*	\$14.01		
	*At age 70, all coverage is reduced by 50%			

# Select Spouse/Domestic Partner coverage

**Benefit Amount** 

\$100,000\*\*

Quarterly Rate

\$21.00

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

# **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.

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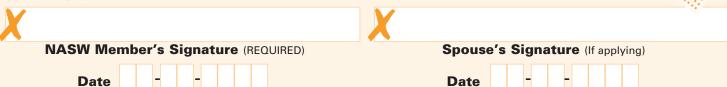


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# Please sign and date

I hereby enroll with Hartford Life and Accident Insurance Company of Hartford, CT, for coverage under the 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.



# 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):

YEAR

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:

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

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