HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

NASW Assurance Services

NASW Assurance Services
Accidental Death and Dismemberment Insurance Enrollment Form
Group Policyholder: Trustees of the NASW Assurance Services Insurance Trust
Policy Number: ADD-13265; ADD-13266

SECTION 1

Member Information

Member's Name:		**NASW Member Number:**
Street:		
City:	**State:**	**Zip Code:**
Email Address:	**Preferred Phone #:**	**Member's Date of Birth:**

SECTION 2

Is Spouse/Domestic Partner's coverage desired? ☐ Yes ☐ No

Spouse/Domestic Partner's Full Name (if enrolling):	**Spouse/Domestic Partner's Date of Birth:**

SECTION 3

Coverage Information

Member:	☐ **$100,000***
Member & Spouse/Domestic Partner:	☐ **$100,000***

* I understand that at age 70, or if I am already age 70, all coverage is reduced by 50%.

Mail your completed enrollment form to:
NASW Assurance Services Group Insurance Program Administrators
P.O. Box 26450
Phoenix, AZ 85068

Questions? Call 1-866-591-8267

SECTION 4

Confirmation

I acknowledge that I have been given the opportunity to enroll in the NASW ASI Accidental Death and Dismemberment Insurance Plan. I certify that I am a NASW Member and that the above information is true and complete to the best of my knowledge.

I understand and agree that insurance will go into effect upon receipt of my first premium payment and this form and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to NASW ASI can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

Member's Signature:		Date:
Spouse/Domestic Partner's Signature (if enrolling):		Date:

SECTION 5

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 Jersey:
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

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.