UNION PLUS GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ENROLLMENT FORM

1.

Please check desired coverage (✔)

Benefit Amount*	Union Member Only**	Union Member and Family**
$200,000	☐ $51.21	☐ $68.70
$175,000	☐ $45.29	☐ $60.60
$150,000	☐ $39.39	☐ $52.50
$125,000	☐ $33.48	☐ $44.40
$100,000	☐ $27.56	☐ $36.30
$75,000	☐ $21.63	☐ $28.20
$50,000	☐ $15.72	☐ $20.10
$25,000	☐ $9.81	☐ $12.00

*At age 70, or if you are already age 70, all coverage is reduced by 50%. Rates and/or benefits may be changed on a class basis. The family Plan protects spouse and children at a percentage of your coverage amount.

**These are premiums for Expanded Coverage for 3 months. You will be billed quarterly.

My Beneficiary for coverage selected _____
(first, middle, last)

2.

Member's Date of Birth ✘ _____
(mo / day / yr)

Preferred Phone Number _____

Email Address (optional) _____

First name _____

Last name _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____

International union _____

Local union number _____

3.

I hereby enroll with Hartford Life and Accident Insurance Company of Hartford, CT, 06155 for coverage under the Accidental Death and Dismemberment Plan, ADD-9920. 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.

Signature ✘ _____ Date ✘ _____

Underwritten by: Hartford Life and Accident Insurance Company, Hartford CT 06155
Policyholder: AFL-CIO Mutual Benefit Fund

TO ENROLL: Please make check payable to: AFL-CIO Mutual Benefit Fund. Mail it along with your completed Enrollment Form to Union Plus Insurance Program, PO Box 47060, Phoenix, AZ 85068-7060. Questions? Call 1-866-557-5209 8a.m.-7p.m. EST, Mon-Fri.

45668 Rev 11.19 Accident Form Series includes 7582, PA-5427, or state equivalent. B4913 100738 N43847
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