



UNION PLUS TRAVEL ACCIDENT INSURANCE PLAN ENROLLMENT FORM



ADD-9940

Choose your Coverage and Benefit Level:

- | | |
|---|--|
| ▶ \$50,000 Accidental Death Coverage PLUS \$500 per day for both Hospitalization and Recuperation AND \$250 per occurrence for Outpatient Care | <input type="checkbox"/> Member \$60.00 semi-annually
<input type="checkbox"/> Family \$94.50 semi-annually |
| ▶ \$40,000 Accidental Death Coverage PLUS \$400 per day for both Hospitalization and Recuperation AND \$200 per occurrence for Outpatient Care | <input type="checkbox"/> Member \$48.00 semi-annually
<input type="checkbox"/> Family \$75.60 semi-annually |
| ▶ \$30,000 Accidental Death Coverage PLUS \$300 per day for both Hospitalization and Recuperation AND \$150 per occurrence for Outpatient Care | <input type="checkbox"/> Member \$36.00 semi-annually
<input type="checkbox"/> Family \$56.70 semi-annually |

Name: _____

Address: _____

City/State/Zip: _____

International Union: _____

Local Union Number: _____

Date of Birth: ____ / ____ / ____

Preferred Phone Number: (____) _____

Email Address: _____

Your Beneficiary: _____

- ▶ **Complete and Return to:** Union Plus Insurance Program
P.O. Box 47060
Phoenix, AZ 85068-9963

YOU WILL BE BILLED SEMI-ANNUALLY FOR YOUR CONVENIENCE.

- ▶ Remember to enclose your check payable to the
AFL-CIO Mutual Benefit Trust.

I hereby enroll with Hartford Life and Accident Insurance Company of Hartford, CT, for coverage under the Accidental Death and Dismemberment Plan, ADD-9940. 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.

UNION MEMBER'S SIGNATURE:**X**

(Required)

(Date)

Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.
Underwritten by Hartford Life and Accident Insurance Company, Hartford, CT 06155

IMPORTANT NOTICE TO PERSONS ON MEDICARE

THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

Before You Buy This Insurance

- ✓ Check the coverage of **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Form PA-9055