

UNION PLUS GROUP ACCIDENTAL DEATH INSURANCE PLAN ENROLLMENT FORM

1. ☐ **YES**, I hereby enroll in the \$20,000* Accidental Death Insurance at NO COST for Union members compliments of my union. I do not want Enhanced Coverage Benefits at this time.

(Initial
here)

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

2. Member's Date of Birth **X** _____
(mo / day / yr)

Preferred Phone Number _____

Email Address (optional) _____

☐ Please email me updated information about Union Plus insurance products.

☐ Please email me updates and E-news about other Union Plus benefits.

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 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.

Signature **X** _____ Date **X** _____

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.

* \$10,000 for the 24 hour accidental death and \$10,000 for workplace accidental death.

Accident Form Series includes 7582, PA-5427. or state equivalent