ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN (AD&D)

ENROLLMENT FORM

Underwritten by: Hartford Life and Accident Insurance Company, Hartford, CT 06155

RETURN FORM TO ACTIVATE COVERAGE

Enclose your check for your first premium payment (shown below), payable to:

AUSA INSURANCE PLANS
P.O. Box 9947
Phoenix, AZ 85068

GUARANTEED ACCEPTANCE

1 I want to enroll in the AUSA Accidental Death and Dismemberment Insurance Plan.

Fill in one circle and enclose a check for this amount. For your convenience, after your initial payment, your monthly payment will be automatically deducted from your checking account.

Benefit Amount	Member ONLY	Member & Spouse
$250,000.00*	○ $13.75	○ $19.37
$200,000.00*	○ $11.00	○ $15.50
$150,000.00*	○ $ 8.25	○ $11.62
$100,000.00*	○ $ 5.50	○ $ 7.75
$50,000.00*	○ $ 2.75	○ $ 3.87

Family coverage is a percentage of your coverage. Please see the website for details.
*At age 70, or if you are already age 70, all coverage is reduced by 50% and will be further reduced by 50% at age 75. Coverage terminates at age 80.

2 Please Complete

Member Name: (FIRST, M.I., LAST) Member Date of Birth: MONTH – DAY – YEAR

Address:

City,State, Zip: CITY STATE ZIP CODE

Phone Number: ( ) – Email Address: Gender: ○ Male ○ Female

3 Please complete Spouse (if enrolling in Member & Spouse coverage)

Spouse's Name: FULL NAME (FIRST / M.I. / LAST) Date of Birth Month / Day / Year

4 Please read, then sign below and return to enroll.

I hereby enroll with Hartford Life and Accident Insurance Company of Hartford, CT, for coverage under the Accidental Death and Dismemberment Plan, ADD-13268. 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.

SIGN & DATE

X _____
AUSA Member's Signature (REQUIRED)

Today's Date: MONTH – DAY – YEAR

Complete this form. Then mail in form with your first payment.

ENCLOSE CHECK

AUSA Insurance Plans
P.O. Box 9947, Phoenix, AZ 85068

  Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.