UNION PLUS GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ENROLLMENT FORM

1. ☐ (Initial here) **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.

OR

☐ (Initial here) **YES**, I hereby enroll in the NO COST $20,000* Accidental Death Insurance for Union members compliments of my union, AND I want Enhanced Coverage Benefits as selected below.

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%. 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) _____

☐ 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 understand that I have no obligation to pay for the no-cost-to-me coverage. Coverage goes into effect on the first of the month following receipt of this Enrollment Form by the Administrator.
I understand that the no-cost-to-me coverage will terminate on the date I have been covered for 12 months. I understand that any Expanded Coverage goes into effect on the first day of the month following receipt of the Enrollment Form and my first quarterly premium. Once activated, coverage is effective as long as I remain a Union Member and the Master Policy remains in force. I understand that benefits of the coverage are reduced by 50% at age 70.
I hereby enroll with Hartford Life and Accident Insurance Company, Simsbury CT 06089 for coverage under the Union Plus Accidental Death and Dismemberment Plan, ADD-9920. I have read and understand the conditions and exclusions of the program.

Signature ✘ _____ Date ✘ _____

Underwritten by: Hartford Life and Accident Insurance Company
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.

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