

# GROUP COMPREHENSIVE ACCIDENT INSURANCE PLAN ENROLLMENT FORM

## **SIGN UP NOW** for **ONE** benefit option:

Elect ONE of 4 options (check 1 box only)

Make checks payable to: AFL-CIO Mutual Benefit Fund for your first quarterly premium

### Coverage for ONE Person ONLY (Union Member OR Spouse):

- LOW Option** \$500/\$50//\$50,000  
\$9.28/month (\$27.84 for 3 months)
- HIGH Option** \$1,000/\$100//\$100,000  
\$18.62/month (\$55.86 for 3 months)

### Coverage for MARRIED Couple (Both Union Member AND Spouse):

- LOW Option** \$500/\$50//\$50,000 for Union Member  
PLUS \$500/\$50//\$50,000 for Spouse  
\$18.56/month (\$55.68 for 3 months)
- HIGH Option** \$1,000/\$100//\$100,000 for Union Member  
PLUS \$1,000/\$100//\$100,000 for Spouse  
\$37.24/month (\$111.72 for 3 months)
- Please email me updated information about Union Plus insurance products.
- Please email me updates and E-news about Union Plus benefits.

**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, P.O. Box 47060, Phoenix, AZ 85068-7060.

**Questions? Call 1-800-557-5209, 8 a.m. - 7 p.m., EST, Monday-Friday.**

Underwritten by:  
Hartford Life and Accident Insurance Company  
Simsbury, CT 06089

Policyholder: AFL-CIO Mutual Benefit Fund

GBD-1000 A (ADD-9927) (DC)

08.17 revision 44077 B2423 100724 N43848

Policy ADD-9927 UPCAPCW 0709

Name of Union Member: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

International Union: \_\_\_\_\_

Local Union Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouse Name (if applying): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female

Spouse's Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

X

\_\_\_\_\_  
Signature of Union Member Date (required)

X

\_\_\_\_\_  
Spouse Signature (required if applying) Date (required)

[DEFAULT]