



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