



**VFW Auxiliary Insurance Program**  
P.O. Box 153085 Irving, Texas 75015

**Stars and Stripes  
Loyalty Accident Insurance Plan**  
Offered by Hartford Life and Accident Insurance Company

# ENROLLMENT FORM

<b>Principal Member Name (Insured):</b>	<b>Principal Member Address:</b>	<b>Membership Number:</b>	<b>Membership Year:</b>	<b>Your Date of Birth:</b>
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<b>Select Your Coverage Type:</b> <input type="checkbox"/> Individual: <b>\$34</b> Semi-Annually <input type="checkbox"/> Family*: <b>\$54</b> Semi-Annually	<b>Your Email Address:</b>
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**YES**, by all means, I want to start enjoying the insurance coverage. Please send me my Certificate of Insurance reflecting the coverage available to me as a loyal Member. I understand that my coverage will take effect the 1st of the month following receipt of this completed Enrollment Form along with my first premium payment.

Member's Signature: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

**Billing Instructions (choose only 1):**

**OPTION 1: PAYMENT BY CHECK.** Please Enclose Check Payable To: AmWINS Group Benefits, and send to VFW Auxiliary Insurance Program, P.O. Box 153085 Irving, Texas 75015. This is not your Auxiliary Membership dues notice.

**OPTION 2: AUTOMATIC PAYMENT.** I request and authorize the VFW Auxiliary Insurance Program to make **semiannual** withdrawals against the account specified on the attached  **Voided Check**  **Statement Savings Account Deposit Slip**, or any account subsequently named by me, and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions due under this plan. (Enclose a VOIDED check or deposit slip, as applicable.) I understand I will be notified in advance of the amount to be deducted initially and when it changes.

Signature(s): X \_\_\_\_\_ (as required on checks issued / withdrawals made against this account date)

This valuable VFW Auxiliary Insurance Program Stars and Stripes Loyalty Accident Insurance Plan is provided under Master Policy (ADD-13286).  
\*Family coverage is a percentage of your coverage. Please see summary for details.

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company, Hartford, CT 06155.

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

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