



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



STARS AND STRIPES LOYALTY ACCIDENT INSURANCE PLAN

Offered by The Hartford

ENROLLMENT FORM

Principal Member (Insured):

Membership Number:

Member-Years:

Select Your Coverage Type: ☐ Individual: **\$34** Semi-Annually ☐ Family*: **\$54** Semi-Annually

Please Enclose Check Payable To: AmWINS Group Benefits. This is not your Auxiliary Membership dues notice.

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: (____)_____

This valuable VFW Auxiliary Insurance Program Stars and Stripes Loyalty Accident Insurance Plan is provided under Master Policy (ADD-13286), underwritten by Hartford Life and Accident Insurance Company, Hartford, CT 06155. *Family coverage is a percentage of your coverage. Please see summary for details.