

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



Group Senior Term Life Insurance Enrollment Form With Graded Death Benefit

VFW Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan Exclusively for VFW Auxiliary Members

YOU CANNOT BE TURNED DOWN

Policy Number: AGL-1983

VFW Auxiliary

Members age 65 and older

1 Member Information

- Are you a Member of the VFW Auxiliary?
 A Spouse of a Member of the VFW Auxiliary?

VFW Auxiliary Membership Number:

Member Name

Home Address (Street, City, State, Zip)

Gender: Male Female

Member's Date of Birth

Member's Social Security Number:

Phone Number

Email Address

(For internal use only for important updates & member bulletins)

Is Spouse's coverage desired? Yes No

Spouse's Full Name *(if enrolling)*

Gender: Male Female

Spouse's Date of Birth

Spouse's Social Security Number:

2 Coverage Information Senior Term Life Insurance

Check The Desired Amount of Coverage:

Member: \$5,000* \$10,000*

Spouse *(if enrolling)*: \$5,000* \$10,000*

By enrolling for this insurance, do you intend to replace, discontinue or change an existing policy of Life Insurance? If not, simply check "No".

Member: Yes No Spouse *(if enrolling)*: Yes No

*If you are between 65 and 74, \$10,000 is the maximum you can apply for.

*If you are between 75 and 79, \$5,000 is the maximum you can apply for.

3 Payment Options

Automatic Bank Withdrawal (Electronic Funds Transfer):

Name:

Banking Institution

Routing Number

Account Number

Bank Account Type: Checking Savings

For your convenience you will be billed quarterly.

I authorize the Administrator to initiate credit card payments or debit entries for my regular payment from the credit card or bank account provided above. I understand that payment will be processed on or after the due date and will continue to be charged or deducted from my account unless I notify the Administrator otherwise in writing or my coverage ends. I also understand if corrections of the debit are necessary, this may involve an adjustment to my account.

X

Member Signature

Date

X

Spouse Signature *(if enrolling)*

Date:

Mail your completed enrollment form to:

VFW AUXILIARY INSURANCE PROGRAM

PO BOX 153085

IRVING, TEXAS 75015-9803

Please mail within 10 days

Questions? Call **1-800-550-5287**

4 Confirmation

I acknowledge that I have been given the opportunity to enroll in the VFW Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan. I certify that I am age 65 or older, a VFW Auxiliary Member and that the above information is true and complete to the best of my knowledge. If I enroll today and want to upgrade coverage at a later date, I may be required to submit Evidence of Insurability.

I understand and agree that insurance will go into effect upon receipt of my first premium payment and this form and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to VFW Auxiliary can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

I also understand that at age 80 coverage is reduced to \$5,000, with a corresponding premium adjustment.

X

Member Signature Required

Date

X

Spouse Signature Required *(if enrolling)*

Date:

UNWAVERING SUPPORT



FOR UNCOMMON HEROES™

VFW AUXILIARY

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries.

Form PA-9928 (2017) (AM) (MO)

Life Form Series includes GBD-1000, GBD-1100, or state equivalent

(over)

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Fraud Notice(s)

For Residents of Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For Residents of Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New Jersey:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

For Residents of Virginia:

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement may have violated the state law.