



Administered by: Pearl Insurance

Group Term Life Insurance Enrollment Form

Group Policyholder: Association of the United States Army (AUSA)

Policy Number: AGL-1978

SECTION 1

MEMBER INFORMATION

Member's Name: _____

Association Membership Number: _____

Are you a Member of the Association? Yes No

Street: _____

City: _____

State: _____

Zip Code: _____

Member's Social Security Number: _____

Member's Date of Birth: _____

Gender: Male Female

Email Address: _____

Preferred Phone #: _____

SECTION 2

COVERAGE INFORMATION

Life Insurance

Member:

\$100,000 (This Guaranteed Issue Offer is only available 90 days after discharge if you are under age 55)

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

SECTION 3

CONFIRMATION

I acknowledge that I have been given the opportunity to enroll in the **AUSA Group Term Life Insurance Plan**. I certify that I am under age 55, an Association 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 AUSA 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 understand that during the first two years of coverage, the benefit payable for death due to sickness will be the premiums paid plus annual interest. After two years of coverage, the benefit payable for death due to sickness will be the full benefit amount. At any time, the benefit payable for death due to accident will be the full amount. If I have Life Insurance with The Hartford, I understand and agree that my Life Insurance benefit(s) reduce at a specified age(s) stated in the policy.

Do you wish to receive your Certificate of Insurance by secure email? Yes No

If the "Yes" checkbox is selected, please provide your email address: _____

Member's Signature: _____

Date: _____

FRAUD NOTICE(S)

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

**MAIL YOUR COMPLETED ENROLLMENT FORM TO:
1200 E. GLEN AVE, PEORIA HEIGHTS, IL 61616-5348
QUESTIONS? CALL 1 (800) 882-5707
EMAIL CUSTOMERSERVICE@AUSACOVERAGE.COM**

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