GROUP COMPREHENSIVE ACCIDENT INSURANCE PLAN ENROLLMENT FORM

SIGN UP NOW for ONE benefit option:

Elect ONE of 4 options *(check 1 box only)*

Make checks payable to: AFL-CIO Mutual Benefit Fund for your first quarterly premium

Coverage for ONE Person ONLY (Union Member OR Spouse/Domestic Partner):

☐ **LOW Option** $500/$50//$50,000
$9.28/month ($27.84 for 3 months)

☐ **HIGH Option** $1,000/$100//$100,000
$18.62/month ($55.86 for 3 months)

Coverage for MARRIED Couple (Both Union Member AND Spouse/Domestic Partner):

☐ **LOW Option** $500/$50//$50,000 for Union Member
PLUS $500/$50//$50,000 for Spouse/Domestic Partner
$18.56/month ($55.68 for 3 months)

☐ **HIGH Option** $1,000/$100//$100,000 for Union Member
PLUS $1,000/$100//$100,000 for Spouse/Domestic Partner
$37.24/month ($111.72 for 3 months)

☐ Please email me updated information about Union Plus insurance products.
☐ Please email me updates and E-news about Union Plus benefits.

TO ENROLL: Please make check payable to: AFL-CIO Mutual Benefit Fund. Mail it along with your completed Enrollment Form to Union Plus Insurance Program, P.O. Box 47060, Phoenix, AZ 85068-7060.
Questions? Call 1-800-557-5209, 8 a.m. - 7 p.m., EST, Monday-Friday.

Underwritten by:
Hartford Life and Accident Insurance Company
Hartford, CT 06155

Policyholder: AFL-CIO Mutual Benefit Fund

Policy ADD-9927 UPCAPCW 0709

Name of Union Member: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

International Union: _____

Local Union Number: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Preferred Phone: (____) ____ - ____ Email: _____

Beneficiary: _____ Relationship: _____

Spouse/Domestic Partner Name (if applying): _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Spouse/Domestic Partner's Beneficiary: _____

Relationship: _____

✘ _____
Signature of Union Member Date (required)

✘ _____
Spouse Signature (required if applying) Date (required)

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