

ENROLLMENT AND BENEFICIARY FORM

PLEASE PRINT

INSTRUCTIONS: This form is to be utilized for enrollment and beneficiary purposes only. All correspondence and questions should be addressed to the Fund/Employer maintaining your eligibility information.

Please check:	☐ New enrollment	☐ Reinstatement	□ A c	ddress Change	□ Benef	iciary Change	
SECTION A – Polic	yholder Information						
Name of group policyholder:			Policy number:				
Effective date:				Local/Bill ID:			
SECTION B – Insur	rance Amount						
Life amount: \$	AD&D amount	: \$	AH amount:	: \$	LTD amou	unt: \$	
Billing classes:			<u> </u>				
Duplicate certificate re	equest						
SECTION C - Insur	ed Information					□ Male □ Female	
Name of insured:	Last	First		Mid	dle	☐ Active ☐ Retiree	
Address:							
					Zi	p:	
SSN:				Date of bi	irth:		
Occupation:		Weekly earnings:			Date started working:		
SECTION D – Bene NOTE: If the benefic	iary is being changed, the ne	 		ations and will be e	T T	e date this form is signed.	
	Beneficiary name	Relationshi	p to Insured	Date of birth	% of share	SSN:	
Primary: 1.					%		
 2.					%		
Contingent:					0/		
1.					%		
2.					%		
INSURED SIGNATURE (Required):						Date:	
WITNESS SIGNATUR adds, reinstatements of	RE (Required for new or beneficiary change):					Date:	



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FRAUD NOTICE

California: For your protection California Law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

incomplete, or misleading facts or information to a policyholder violation. or claimant for the purpose of defrauding or attempting to or award payable from insurance proceeds shall be reported regulatory agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an Colorado: It is unlawful to knowingly provide false, incomplete application for insurance or statement of claim containing any or misleading facts or information to an insurance company for materially false information, or conceals for the purpose of the purpose of defrauding or attempting to defraud the misleading, information concerning any fact material thereto, company. Penalties may include imprisonment, fines, denial of commits a fraudulent insurance act, which is a crime, and shall insurance, and civil damages. Any insurance company or also be subject to a civil penalty not to exceed five thousand agent of an insurance company who knowingly provides false, dollars and the stated value of the claim for each such

Pennsylvania: Any person who knowingly and with intent to defraud the policyholder or claimant with regard to a settlement defraud any insurance company or other person files an application for insurance or statement of claim containing any to the Colorado division of insurance within the department of 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 and subjects such person to criminal and civil penalties.

> Rhode Island: 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.

> Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

> For all other states: WARNING: Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits

I attest that I have reviewed, understand and acknowledge the fraud warning(s).

Member or Claimant's signature:	Date: