

# The Hartford Life Insurance Company

## Enrollment Form - Sanitation Officers Association

### General Information

Last Name	First Name	Middle Initial	Social Security No.	Marital Status
			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Date of Birth Month Day Year / / /	Date Employed / / /	Your Annual Earnings	Effective Date of Coverage / /	Spouse Date of Birth Month Day Year / / /

### Optional Term Life (Please indicate your coverage selection)

Coverage amount chosen: \$ \_\_\_\_\_

\$80,000  
 \$135,000  
 \$165,000  
 No coverage chosen

### Dependent Term Life (Please indicate your coverage selections)

You must be enrolled for Optional Term Life to elect coverage for your dependents.

#### Spouse

\$10,000  
 No coverage chosen

#### Children

(Coverage begins at 14 days and continues to age 19, if unmarried.  
 If the child is unmarried, dependent on you and a full-time student,  
 coverage continues to age 26)

\$4,000  
 No coverage chosen

### Voluntary Accidental Death & Dismemberment (Voluntary AD&D) (Please indicate your coverage selection)

#### Employee

Coverage amount chosen: \$ \_\_\_\_\_  
 Equal to your Optional Term Life Coverage amount  
 No coverage chosen

### Acceptance / Waiver of Coverage

I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by First Reliance Standard Life Insurance Company. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents and First Reliance Standard Life Insurance Company will have the right to refuse to provide coverage. I declare the statements above are true and understand they are the basis for determining the monthly contribution for coverage

I do not wish to enroll for any of the above coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish evidence of Insurability for myself and/or my dependents and First Reliance Standard Life Insurance Company will have the right to refuse to provide coverage.

Signature \_\_\_\_\_ Date (Month, Day, Year) \_\_\_\_\_

**FRAUD WARNING (Not Applicable to Life Insurance)** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.