

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

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



Group Term Life Insurance Enrollment Form
With Graded Death Benefit
Members age 60 and younger
Group Policyholder: The Arc of the United States
Policy Number: AGL-1935

SECTION 1			
Member Information			
Member's Name:		Association Membership Number:	
<input type="checkbox"/> Are you a Member of the Association?			
Street:	City:	State:	Zip Code:
Member's Social Security Number:		Member's Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Email Address:		Preferred Phone #:	

SECTION 2	
Coverage Information	
Life Insurance	
Member: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$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: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mail your completed enrollment form to: **ARC GROUP INSURANCE, P.O. BOX 10374, Des Moines, IA 50306-8812**
Questions? Call: 1-800-503-9230
Email: customerservice.service@mercer.com

SECTION 3
Confirmation
<p>I acknowledge that I have been given the opportunity to enroll in the Plan Name. I certify that I am age 60 and younger, 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.</p> <p>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 Association 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.</p>

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

I understand that during the first two years of coverage, the benefit payable for death due to sickness will be the premiums paid plus 1% 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.

Do you wish to receive your Certificate of Insurance by secure email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the "Yes" checkbox is selected, please provide your email address:	

Member's Signature:	Date:
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SECTION 4

Payment Options

Credit Card (Automatic Withdrawal):

Payment/Billing Frequency:

Payment Type:

Card Number:	Expiration Date:
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Automatic Bank Withdrawal (Electronic Funds Transfer):

Name:	Banking Institution:	Routing Number:
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Account Number:	Bank Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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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.

Member's Signature:	Date:
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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 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.

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 New York (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.

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.