HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Arc
For people with intellectual and developmental disabilities

THE HARTFORD

Group Term Life Insurance Enrollment Form
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:**
☐ **Are you a Member of the Association?**			
Street:	**City:**	**State:**	**Zip Code:**
Member's Social Security Number:	**Member's Date of Birth:**		**Gender:** ☐ **M** ☐ **F**
Email Address:			**Phone Number:**

SECTION 2

Coverage Information

Life Insurance

Member:
☐ $5,000 ☐ $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: ☐ Yes ☐ No

Important Note: You must meet all requirements for professional membership in Association to enroll for this life insurance coverage.

To enroll: 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

I acknowledge that I have been given the opportunity to enroll in the Plan Name. I also acknowledge that I am age 60 and younger, an Association Member who meets all requirements for professional membership in the Association 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 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.

I understand that the policy permits the policyholder to change, reduce, restrict or terminate my rights or benefits under the policy without my consent. Such change, reduction, restriction or termination may occur at a time when a covered person's health status has changed and may affect his or her ability to procure individual coverage.

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:

SECTION 4

Payment Options

Credit Card (Automatic Withdrawal):

Payment/Billing Frequency:

Payment Type:

Card Number:	Expiration Date:

Automatic Bank Withdrawal (Electronic Funds Transfer):

Name:	Banking Institution:	Routing Number:	
Account Number:	Bank Account Type:	☐ Checking	☐ Savings

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.

For your convenience you will be billed quarterly.

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Read your certificate carefully.
Certain war risks are not covered.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable.

Member Signature:	Date:

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.