

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

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



Union Plus Group Senior Term Life Insurance Enrollment Form *Members between age 50 and 74*

Group Policyholder: AFL-CIO Mutual Benefit Fund
Policy Number: AGL-1938

SECTION 1 | Member Information

| | | | |
|----------------------------------|-------------------------|--|-----------|
| Member Name: | | Union Membership Number: | |
| Street: | City: | State: | Zip Code: |
| Member's Social Security Number: | Member's Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Email Address: | Preferred Phone Number: | | |

SECTION 2 | Coverage Information

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| Member: <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 |

SECTION 3 | Confirmation

I acknowledge that I have been given the opportunity to enroll in the Union Plus Senior Term Life Insurance Plan. I certify that I am between ages 50 and 74, a Union 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.

I understand and agree that insurance will go into effect 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 Union Plus 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 during the first two years of coverage, the benefit payable for death due to sickness will be the premiums paid plus 10% 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. I also understand that at age 80 coverage is reduced to \$5,000, with a corresponding premium adjustment.

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 Signature Date

SECTION 4 | Fraud Notices

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 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 Virginia:

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.