



# TREA Group Accidental Death & Dismemberment Insurance Plan

## Official Enrollment Form

Underwritten by: **Hartford Life Insurance Company**  
 Policy Number: ADD-8178/ADD-8179

Applicant: Please print or type. Complete all areas, sign, and date.

1. Please provide the following information: (Please print.)

I am a new Hartford Life Enrollee.  I am presently covered with Hartford Life.

Date of Birth:    /    /                      Sex:  Male  Female    Daytime Telephone No.: (    )    -

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(Member is automatically a beneficiary for Spouse and Children.)*

Member's Name:

Address:

City:

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Please complete the following information only if applying for coverage for Spouse and/or dependent Children under the Family Plan.

Name of Spouse: \_\_\_\_\_ Date of Birth:    /    /                      Sex:  Male  Female

Name of Child\*: \_\_\_\_\_ Date of Birth:    /    /                      Sex:  Male  Female

Name of Child\*: \_\_\_\_\_ Date of Birth:    /    /                      Sex:  Male  Female

*\*If family coverage is elected, all children, including acquired later on, are covered.*

3. Please check  the appropriate box to indicate the coverage(s) you want.

### Semi-Annual Rates

Coverage	Member Only	Member and Family
<b>\$ 50,000 Plan</b>	<input type="checkbox"/> \$18.00	<input type="checkbox"/> \$ 26.00
<b>\$100,000 Plan</b>	<input type="checkbox"/> \$36.00	<input type="checkbox"/> \$ 52.00
<b>\$150,000 Plan</b>	<input type="checkbox"/> \$54.00	<input type="checkbox"/> \$ 78.00
<b>\$200,000 Plan</b>	<input type="checkbox"/> \$72.00	<input type="checkbox"/> \$104.00
<b>\$250,000 Plan</b>	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$130.00

#### Accidental Death and Dismemberment Reduction on and after Age 70:

On the Premium Due Date on or next following the Insured Person's attainment of ages 70, 75, 80, and 85, Insured Person's amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to the Insured Person by the percentage shown below for his or her attained age:

Insured Person's Age:	Percentage of Principal Sum
Age 70 - 74	65%
Age 75 - 79	45%
Age 80 - 84	30%
Age 85 or over	15%

Insured Persons age 70 or over will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for his or her attained age. All reductions in Principal Sum are subject to a minimum of \$25,000.

4. Sign your name and date as indicated below:

I hereby enroll with Hartford Life Insurance Company for coverage under TREA Accidental Death and Dismemberment Insurance Plan. I have read and understand the conditions and exclusions of the Plan as described in the brochure. I further understand that my coverage will become effective on the first day of the month following the administrator's receipt of my completed Form and premium payment.

Member's Signature: \* \_\_\_\_\_ Date:    /    /

5. Complete and mail this Enrollment Form along with your initial premium payment in the postage paid reply envelope enclosed or mail to:

**TREA Insurance Plans** • P.O. Box 153046 • Irving, TX 75015-3046