

## GUARANTEED ISSUE GROUP LIFE INCOME INSURANCE Enrollment Form

### 1. Complete the following

Please Print      Use Dark Ink      Do Not Erase      Initial all Changes

<b>Society of Emergency Medicine Physician Assistants Policy # AGL-1914</b>		DOB	Certificate Number (leave blank)	
First Name:	MI	Last Name:	Male <input type="checkbox"/>	Age at last Birthday:
			Female <input type="checkbox"/>	
Address		City	State	Zip
Email		Phone	Occupation	
Annual Salary \$		Employer		

Life Insurance - \$50,000 Benefit Amount

**Please provide Beneficiary Information Below:**

<b>Beneficiary Designation:</b> Print Full Name, Relationship, and Percentage (Applicable to Life Insurance Coverage Only).		
Name _____	Relationship _____	Percentage _____
Name _____	Relationship _____	Percentage _____

### LIFE INSURANCE

**NOTIFICATION**

I have the opportunity to enroll in the Hartford Life and Accident Insurance Company Guarantee Issue coverage under the SEMPA Insurance Program. I certify that the above statements are full, complete, and true for each person to be insured, to the best of my knowledge and belief. I also understand that any misrepresentation contained herein or relied upon by the company may be used to contest the validity of the coverage, within the contestable period if such misrepresentation materially affects acceptance of the risk.

I understand that coverage will become effective after receipt of the first payment of premium and that I am living at the time of the premium payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required to Activate Coverage) (Required)

Check here if you are interested in obtaining more information about increasing your coverage  
Or visit: [www.sempainsurance.com](http://www.sempainsurance.com) to learn more about exclusive offers available for members of SEMPA.

**Please check "Yes" or "No"**

By applying for this insurance, do you intend to replace, discontinue, or change an existing policy of life insurance?

Yes     No

**STATE NOTICE**

Any person who includes any false or misleading information on an application or filing a claim for an insurance policy is subject to criminal and civil penalties. It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. In certain states, Penalties may include imprisonment, fines, denial of insurance and civil damages.

Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the State Insurance Regulatory Agency and/or Division of Insurance. If while in the state of Florida, a person 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, the person is guilty of a felony in the third degree. 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, misleading or deceptive 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 be subject to substantial civil and/or criminal penalty where and to the extent allowed by state law.

The Hartford® is Hartford Financial Services Group and its subsidiaries, including the issuing companies of Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company, and Hartford Life and Accident Insurance Company

**NAMING YOUR BENEFICIARY**

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and a contingent beneficiary. When naming your beneficiary(ies) please include their full name, address, relationship to you, and if a minor, the age of that minor. If the beneficiary is not related to you either by blood or marriage, insert the words "**Not Related**". If you need assistance, contact Sara Stadem at (877) 272-1733.

***Following are examples of the most common designations:***

- Mary J. Doe, Wife. (not Mrs. John Doe)
- Mary J. Doe, Wife, if living, otherwise to Joe W. Doe, Son.
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joe W. Doe, Son, in equal shares, or to the survivor.
- Estate of the Insured.
- If you name more than one beneficiary with unequal share, please show the amount of insurance to be paid to each beneficiary in fractional parts. For example: "1/3 to Mary Jones, Mother, and 2/3 to Edith Jones, Wife".