

NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS

AD&D Enrollment Form

HARTFORD LIFE INSURANCE COMPANY

Name: _____	Social Security #: _____
Title: _____	Date of Birth: _____
Effective Date: July 1, 2005	Date of Hire: _____

AD&D Insurance – Employee Only Coverage

You have the opportunity to enroll in the North American Division of Seventh-day Adventists AD&D Insurance plan. Your election may be made in increments of \$10,000, not to exceed 10 times your salary to a maximum of \$500,000. Monthly costs per \$10,000 are shown below. *

Rate | \$0.27

I elect to **enroll** in the AD&D plan at the monthly cost below. *

$$\frac{\text{Amount Elected}}{\$10,000} = \text{_____} \times \text{Rate Above} = \$ \text{Your Monthly Cost*}$$

I elect to **decline** the AD&D plan.

AD&D Insurance – Employee and Family Coverage

Family coverage is available for eligible dependents. Spouse and unmarried dependent children who are up to 19 years of age are eligible. Unmarried children who are full-time students and primarily dependent on the Employee for support and maintenance are eligible to age 26. The Employee must be covered in order to elect family coverage.

-Spouse is eligible for amounts from \$10,000 to \$500,000*

*Spouse benefit cannot exceed 100% of the employee amount elected

-Child(ren) are eligible for \$5,000 to \$25,000

I elect to **enroll** my Spouse in the AD&D plan at the monthly cost below.

Rate | \$0.27

$$\frac{\text{Elected Benefit Amount}}{\$10,000} = \text{_____} \times \text{Rate Above} = \$ \text{Your Monthly Cost*}$$

I elect to **enroll** my Child(ren) in the AD&D plan at the monthly cost below.

Rate | \$0.028

$$\frac{\text{Elected Benefit Amount}}{\$1,000} = \text{_____} \times \text{Rate Above} = \$ \text{Your Monthly Cost*}$$

I elect to **decline** the AD&D plan for my Spouse.

I elect to **decline** the AD&D plan for my Child(ren).

AD&D Insurance – Employee Pilots Only Coverage

You may elect pilot coverage in increments of \$25,000 to a maximum of \$125,000. Monthly costs per \$1,000 are shown below. * A Pilot History form must be completed and approved by Hartford before pilot coverage can become effective.

Rate | \$0.27

I elect to **enroll** in the AD&D plan at the monthly cost below. *

I elect to **decline** the AD&D employee pilots coverage.

Beneficiary Designation

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 contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, relationship, date of birth and distribution percentage. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related" next to their stated relationship. If you need assistance, contact your benefits administrator or your own legal counsel. Following are examples of the most common designations:

Primary:

- Mary J. Doe, Wife (not Mrs. John Doe).

Contingent:

- Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares (50%).
- Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "33% to Mary Jones, Mother, and 67% to Edith Jones, Wife."

	Full Name	Address	SSN	Relationship	D.O.B.	%
Primary						
Contingent						

If necessary, please feel free to attach a separate sheet with all the necessary information.

We will pay any benefit due for loss of your life:

- a) according to the beneficiary designation in effect under the policy at the time of your death; or
- b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at time of death; otherwise
- c) to the survivors, in equal shares, in the first of the following classes to have a survivor at your death:
 - 1) spouse,
 - 2) children,
 - 3) parents,
 - 4) brothers and sisters.

If there is no survivor in these classes, payment will be made to your estate.

All other benefits due and not assigned will be paid to you, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

Employee Confirmation

I have been given the opportunity to enroll in North American Division of Seventh-Day Adventists AD&D Insurance plan.

I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis.

Signature: _____ **Date:** _____