



## GROUP ENROLLMENT FORM (Please Print)

<b>Participating Organization</b>	Name of Organization Hanover Township Fire District No. 3	Group I.D. No.
	Unit Name and Number	Policy Number G-2276-255

*Check all boxes and complete all sections that apply.*

<b>Applicant Section</b>	Your Name (Last, First, MI) <input type="checkbox"/> Member <input type="checkbox"/> Employee				
	Street Address		City	State	Zip
	Your Social Security Number	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Job Title/Occupation	

<b>Coverage Elections</b>	<input type="checkbox"/> Basic Certificate Holder Term Life Insurance /AD&D <input type="checkbox"/> Basic Dependent Spouse and Child Term Life Insurance Supplemental Life Coverage Amount Selected: Applicant: <input type="text"/> Spouse: <input type="text"/> Child: <input type="text"/>			
	<input type="checkbox"/> Spouse*	Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Social Security Number
	<i>*The term "spouse" includes 1) parties to marriages validly performed outside of New York, and 2) a domestic partner, if the policyholder elected to provide coverage to individuals who meet the definition of "domestic partner" set forth in the group policy.</i>			

<b>Beneficiary</b>	Name (Last, First, MI)	Relationship to You	Social Security Number
	If more than one Beneficiary is to be named, please complete Beneficiary Designation form 0005578GROUP.		

<b>Refusal of Insurance</b>	I have been offered this insurance coverage and decline to purchase it at this time. I understand that in the event I desire such insurance at a later date, I will be required to furnish Evidence of Insurability at my own expense, and the insurance company will have the right to refuse any request.
	Coverage Refused ( <i>Check all that apply</i> ): <input type="checkbox"/> Basic Certificate Holder Term Life Insurance /AD&D <input type="checkbox"/> Basic Dependent Spouse and Child Term Life Insurance /AD&D <input type="checkbox"/> Supplemental Certificate Holder Life Insurance <input type="checkbox"/> Supplemental Dependent, Spouse and Child Life Insurance

<b>Living Benefits Notice</b>	Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. The portion of the death benefit which is accelerated will be discounted.
-------------------------------	---

<b>Fraud Notice</b>	APPLICABLE ONLY TO AD&D 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

<b>Changes to Policy</b>	The policy permits the Policyholder to change, reduce, restrict or terminate the certificate holder's rights or benefits under the policy without the certificate holder's consent. Such change, reduction, restriction or termination may occur at a time the certificate holder's health status has changed and may affect his or her ability to procure individual coverage.
--------------------------	---

<b>Signature</b>	I understand that if I apply at a later date for coverage(s) which I had originally declined, that I may be required to furnish Evidence of Insurability at my own expense for my dependent(s) (if applicable) and myself, and that the insurance company has the right to refuse my request.
	By my signature, I am verifying that the information provided is true and correct to the best of my knowledge and belief.
	If this form is to be signed electronically, I agree that, by typing my name on the "Applicant's Signature" line and entering my birth month and year below, I will be signing this Group Enrollment Form and that such signature will be as legally binding as if I had manually signed the Group Enrollment Form.
	Applicant's Signature <input type="text"/> Birth Month/Year <input type="text"/> Date <input type="text"/>