ASEA Group Accidental Death and Dismemberment Enrollment Form

Underwritten by Fidelity Security Life Insurance Company

Policy No. AD-18
Offer No. 76539
188-4000

I. MEMBER INFORMATION (Please verify and make any corrections)

Name _____

Street Address _____

City, State, Zip _____

Telephone No. (_____) _____

Gender ☐ Male ☐ Female

Beneficiary name_____

Social Security No. _____

Birth date_____/_____/_____ Age _____

Relationship_____

II. CHECK BOXES FOR DESIRED COVERAGE

1. ☐ Yes, I want the AD&D insurance coverage checked below:

☐ $20,000 ☐ $30,000 ☐ $40,000 ☐ $50,000 ☐ $80,000
☐ $90,000 ☐ $100,000 ☐ $150,000 ☐ $200,000 ☐ $250,000

2. ☐ Yes, I want coverage for my family:

	Name	Social Security No.	Birth Date
Spouse			
Child			
Child			
Child			

Member Only coverage costs $1/month for each $10,000.
Family coverage costs $2/month for each $10,000.

Signature X_____ Date_____/_____/_____

A-00749 Policy Form No. M-3007

Read the enclosed plan summary. Then, decide how much coverage you need. Do not send money now.

Presented by: Countryman and Smitherman, Prattville, Alabama 36066

Underwritten and administered by: Fidelity Security Life Insurance Company, Kansas City, Missouri 64111-2406

III. PAYROLL DEDUCTION AUTHORIZATION TO ASEA:

I understand that, hereafter, regularmonthly payments will be deducted from my paycheck.

Signature X_____ Date_____/_____/_____

Date Employed_____/_____/_____ Department/Agency_____ Division_____

Home Phone No. (_____)_____ Work Phone No. (_____)_____

Mail this enrollment form in the postage-paid envelope provided to:
ASEA Insurance Office, 110 N. Jackson Street, Montgomery, AL36104

Any questions? Call (334) 834-6965 or toll-free (800) 252-7063

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