



Underwritten by Hartford Life and Accident Insurance Company

Group Comprehensive Accident Coverage



**Society of American Foresters
Policy Number ADD-11039**

Member's Name: _____ **SAF Member No.** _____

Address: (STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____

Daytime Phone No.: (_____) _____ **M** **F** **Date of Birth:** ____/____/____

Spouse Information (if applying for coverage)

Name: _____

M **F** **Date of Birth:** ____/____/____

Coverage Requested

Choose the Plan that meets your needs:

50/50/500 Plan 100/100/1,000 Plan

I hereby certify that all statements and answers in this application are full, complete, and true to the best of my knowledge and belief. I also understand that any misrepresentation contained herein or relied on by the Company may be used to reduce or deny a claim or void the contract within the contestable period if such misrepresentation materially affects the acceptance of the risk. I also agree that a copy of this application shall be attached to and form a part of any certificate issued.

Signature of Member

Date

Signature of Spouse (if applying)

Date

Policy Form # 7582 A2 (HLA) (11039)

This plan is administered by: JZA Affinity • 7735 Old Georgetown Road • Suite 800 • Bethesda, MD 20814 • 1-800-865-2727 x 1792