Enrollment Form

It's Easy to Activate Your Coverage!

1. Choose the appropriate benefit amount and waiting period.
2. Complete and sign this form.
3. Mail it, together with your first premium, to: JZA Affinity, 7735 Old Georgetown Road, Suite 800, Bethesda, MD 20814.

Questions? Call 800-865-2727 x1792.

Underwritten by Hartford Life and Accident Insurance Company

Easy Insurance Activation: Earnings Guard

Society of American Foresters
Policy Number AGP-5465

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

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

Daytime Phone No.: (_____)_____ **Date of Birth:** _____/_____/_____ **Basic Monthly Pay:**_____

Spouse Information (if applying for coverage)

Name: _____ **Date of Birth:** _____/_____/_____ **Basic Monthly Pay:**_____

Coverage Desired

Select the benefit amount and waiting period for each person you want to cover.

Member Plan Option:

Monthly Benefit Amount: ☐ $2,000 ☐ $3,000 ☐ $4,000 ☐ $5,000

Waiting Period: ☐ 30 Day ☐ 60 Day ☐ 90 Day

Spouse Plan Option:

Monthly Benefit Amount: ☐ $2,000 ☐ $3,000 ☐ $4,000 ☐ $5,000

Waiting Period: ☐ 30 Day ☐ 60 Day ☐ 90 Day

AUTHORIZATION: I hereby request coverage under the Earning Guard plan. I represent that I am under age 65, work at least 25 hours a week and that the statements above are true and complete to the best of my knowledge and belief and are binding on any person. By selecting coverage under this plan, I recognize that the benefit amount cannot exceed 70% of my regular pay.

_____ _____
Signature of Member **Date**

_____ _____
Signature of Spouse (if applying) **Date**

Form SRP-1311 A (HLA) (5465) 0309212-9/09

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