

The American Medical and Life Insurance Company
Hicksville, New York

**GROUP LIMITED BENEFITS HEALTH INSURANCE
ENROLLMENT FORM**

GENERAL INFORMATION

Applicant's Name: _____ Gender: _____ Date of Birth: _____ SSN: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Member Class: _____ Join Date: _____

Member ID: _____ Section/Dept. #: _____

Plan: _____ Rider: _____ Monthly Premium: \$ _____

Plan: _____ Rider: _____ Monthly Premium: \$ _____

Plan: _____ Rider: _____ Monthly Premium: \$ _____

AD&D COVERAGE ELECTIONS*

Applicant: \$ _____
AD&D Yes No

Spouse: \$ _____
AD&D Yes No

Child(ren): \$ _____
AD&D Yes No

Are you or any person to be covered Medicare eligible:

Yes No

Have you received the Guide to Health Insurance for People with Medicare?

Yes No

SPOUSE AND DEPENDENT INFORMATION

Spouse/Dependent Name	Relationship to Applicant	Date of Birth	SSN

*If you DO NOT ENROLL for AD&D coverage for you or your dependent(s) during the initial enrollment period, you will need to complete an evidence of insurability form, if required, for all amounts of coverage.

BENEFICIARY INFORMATION

Beneficiary Name	Relationship to Applicant	Age	SSN	Benefit %	Primary	Contingent
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I understand that Limited Medical Plan covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by American Medical and Life Insurance Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.

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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Kansas and Oregon Residents: 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 may be guilty of fraud as determined by a court of law.

New Jersey Residents: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Texas Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application/enrollment form containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signed at: City _____ State _____

Signature of Applicant