AOPA
your freedom to *fly*

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE ENROLLMENT FORM

Please complete the entire Enrollment Form. The proposed insured should fill out this Enrollment Form. Please print clearly in dark ink and mail to AOPA Insurance Administrator, P.O. Box 14464, Des Moines, IA 50306-8993

00416-Q 090084010404 Policy No. 67485-1

1. TELL US ABOUT YOURSELF

Name (Last, First, M.I.) _____ Official Member # _____ ☐ Male ☐ Female

Date of Birth (MM/DD/YYYY)_____ Social Security #_____

Address_____ City_____ State _____ Zip_____

Home/Cell Phone #_____ Work Phone #_____ Email Address _____

Note: If already insured under this policy with AD&D benefits, the amount applied for with this enrollment form will be your new, total amount of AD&D insurance. Eligibility: Under age 70. To learn more, please call 1-844-304-AOPA (2672).

$300,000	☐ (Member Only) (00M1)	☐ (Member & Family) (00M3)
$250,000	☐ (Member Only) (00K1)	☐ (Member & Family) (00K3)
$200,000	☐ (Member Only) (00H1)	☐ (Member & Family) (00H3)
$150,000	☐ (Member Only) (00F1)	☐ (Member & Family) (00F3)
$100,000	☐ (Member Only) (00D1)	☐ (Member & Family) (00F3)
$50,000	☐ (Member Only) (00B1)	☐ (Member & Family) (00B3)

2. BENEFICIARY INFORMATION

List one or more beneficiaries below. List the percent each will receive. The total must equal 100 percent. The beneficiary for dependent benefits will be the primary insured.

Name (Last, First, M.I.) _____

Relationship _____ Percent _____ Address _____ City_____ State____ Zip_____

Name (Last, First, M.I.) _____

Relationship _____ Percent _____ Address _____ City_____ State____ Zip_____

Name (Last, First, M.I.) _____

Relationship _____ Percent _____ Address _____ City_____ State____ Zip_____

3. READ THIS INFORMATION CAREFULLY, THEN SIGN AND DATE BELOW

- To the best of my knowledge and belief, the information I have provided is complete and correct.
- I understand and agree that no coverage shall take effect unless this application is approved by ReliaStar Life Insurance Company and the first premium is paid during my lifetime.
- I understand my coverage begins on the "effective date" assigned by ReliaStar Life.

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

X _____ _____

Member's Signature Date

Questions?

Call Toll-Free: 1-844-304-AOPA (2672)
Email: aopa.service@mercer.com

ReliaStar Life Insurance Company, Minneapolis, MN