



Accidental Death & Dismemberment Insurance Enrollment

Please use this form to apply for Personal Accident Insurance. The person applying as the primary insured should complete this form. Please print clearly in dark ink and mail to *Forrest T. Jones, PO Box 418131, Kansas City, MO, 64141 Phone: 800-821-7303, Fax: 816-751-6032*

The District of Columbia Bar

Policy No. 68596-8-3

1. TELL US ABOUT YOURSELF

Are you a member of The District of Columbia Bar? Yes No

Your Name (Last, First, M.I.)				
Date of Birth (MM/DD/YYYY)	Social Security Number		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State	Zip
Home/Cell Phone #	Work Phone #	E-mail Address		

- Amount of coverage applied for with this enrollment form: \$50,000 \$100,000 \$250,000 \$500,000
 Other _____ (in \$50,000 increments, up to \$500,000)

(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.)

- Check box to purchase Dependent AD&D Insurance:
 - Spouse Only (Amount equal to 50% of primary applicant's coverage)
 - Spouse & Child(ren) (Spouse equal to 40% of primary applicant's coverage; child(ren) \$10,000)

2. BENEFICIARY INFORMATION

List one or more beneficiaries below. List the percent each will receive. The total must equal 100 percent. Beneficiary for dependent coverage will be the certificate holder. Attach additional sheets if necessary.

Name	Address	Relationship	Percent

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

- To the best of my knowledge and belief, the information I've 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 in my lifetime.
- I understand my coverage begins on the "effective date" assigned by ReliaStar Life Insurance Company.

Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance 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 may subject such person to criminal and civil penalties, and denial of insurance benefits.

Your Signature	Date
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