

Member Benefit Enrollment/Service Form

☐ New Enrollee☐ Name Change☐ Coverage Change☐ Beneficiary Change

Association Information

Association Name _____ Policy Number _____

Member / Applicant Information

Name (last, first, middle) _____

SSN _____ DOB (MM/DD/YYYY) _____ ☐ Male ☐ Female

Home Address:

Street Line 1 _____

Street Line 2 _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Membership Date _____ Coverage Effective Date _____

Spouse Information

Spouse _____	_____	_____	_____
<small>Name</small>	<small>Address</small>	<small>SSN</small>	<small>DOB</small>

New Enrollee Coverage

Member Basic Coverage Amount _____ Member AD&D Coverage Amount _____

Coverage Change

Member Basic Coverage Amount _____ Member Additional Coverage Amount _____

Member AD&D Coverage Amount _____ Spouse/Family Coverage Amount _____

Beneficiary Information

I designate my beneficiary(ies) to receive benefits as indicated below. The member is the beneficiary for all spouse/family coverages. If more than one beneficiary is named, the beneficiaries shall share equally unless otherwise stated below.

Primary _____	_____	_____	_____	_____	_____
<small>Name</small>	<small>Address</small>	<small>Relationship</small>	<small>SSN</small>	<small>DOB</small>	<small>%</small>

Secondary _____	_____	_____	_____	_____	_____
<small>Name</small>	<small>Address</small>	<small>Relationship</small>	<small>SSN</small>	<small>DOB</small>	<small>%</small>

Conditions Relating to this Enrollment Form

I am eligible to apply for this group insurance as a member of the Association. Agreement: I represent that all statements and answers in this enrollment form are complete, true and correctly recorded TO THE BEST OF MY KNOWLEDGE AND BELIEF. I agree that: 1) upon approval of this enrollment form by 5Star Life Insurance Company, it and the Certificate of Insurance issued to me will describe the benefits and terms of coverage provided under the Master Group Policy; 2) coverage applied for will not become effective until approved by 5Star Life Insurance Company and upon receipt of the full first contribution.

Sign
Here



Member's Signature _____ Date _____

Signed at (City, State) _____

NOTE: 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 have violated the law.

Underwritten by 5Star Life Insurance Company. Product not available in all states.