

**Applicant Information** 

# 24-Hour Accidental Death & Dismemberment Insurance Enrollment Form

Full Name:		Date of Birth:		
(As it should appear or	n the Policy)			
Street Address:				
City:		State:	Zip Code:	
Gender: Male	Female			
Email:		Phone:		
Coverage Selecti	on and Premium			
Select your desired Acpolicy (top).	ccidental Death & Dismembern	nent (AD&D) benefit amou	nt (left) and who you'd like	to be covered on the
	Member Only	Member + Spouse	Member + Child(ren)	Member + Family
AD&D Benefit	Semi-Annual Premium	Semi-Annual Premium	Semi-Annual Premium	Semi-Annual Premium
\$100,000	\$27.00	\$37.80	\$32.40	\$40.50
\$150,000	\$40.50	\$56.70	\$48.60	\$60.78
\$200,000	\$54.00	\$75.60	\$64.80	\$81.00
\$250,000	\$67.50	\$94.50	\$81.00	\$101.28
\$300,000	\$81.00	\$113.40	\$97.20	\$121.50
\$350,000	\$94.50	\$132.30	\$113.40	\$141.78
\$400,000	\$108.00	\$151.20	\$129.60	\$162.00
\$450,000	\$121.50	\$170.10	\$145.80	\$182.28
\$500,000	\$135.00	\$189.00	\$162.00	\$202.50
Beneficiary Info	rmation			
Full Name: Date of Birth:				
Relationship to Applica	ant:			
Check here if the maili	ing address is the same as the ir	nsured		
If not, please provide	the beneficiary's mailing add	ress below:		
Street Address:				
City:		State:	Zip Code:	
Fmail:				

1

## **Acknowledgment and Signature**

I hereby apply for Accidental Death Insurance coverage as indicated above. I understand that coverage is subject to the terms and conditions of the policy. I authorize Chubb to process my application as indicated.

Signature:	Date:
7.6. (4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	2 4 6 6

## **Complete Your Enrollment**

### Please return this completed form via mail in a postage-paid envelope to:

Charles J. Sellers & Co., Inc. 4300 Camp Road P.O. Box 460 Athol Springs, NY 14010

### Questions?

Please contact our team at Charles J. Sellers for additional information. 716.627.5400

www.sellersinsurance.com