

**AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)**1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL 32224**Group Enrollment Form** Check if custom form

Account No.	Employee ID	Requested Effective Date	First Deduction Date	Account	Location	Situs State
						FL
Deduction Mode: <input checked="" type="checkbox"/> Monthly						
Remarks			AHL home office use only		Dep Code <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> F	

General Information*All references to spouse include domestic partner relationships.*

Employee Name (Last, First, M.I.)	Birth Date	Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residence Street Address		Phone No.	
City, State, Zip	Email Address		
Employer/Association/Union McCoy Federal Credit Union	Hire Date	Occupation*	

*Occupation with the employer in the General Information section.

Complete for all other persons you (the employee) are requesting to be insured

Last Name	First Name	Relationship	Gender	Birth Date	Social Security No.

Tobacco Use

If applying for Critical Illness, has the employee used tobacco in the last 12 months?

Employee Yes No

If applying for Critical Illness, has the employee's spouse used tobacco in the last 12 months?

Spouse Yes No**Qualifying Life Event**Are you applying for coverage or changing existing coverage due to a qualifying event? Yes No

Check the qualifying event: Marriage/Divorce Birth/Adoption Spouse New Job/Job Loss Termination
 Work Status Change Eligible/Ineligible Child Spouse/Dependent Child Death Employee Death

Qualifying event date Current certificate number(s) **Termination of Current Coverage**Do you currently have any individual coverages with AHL that you wish to terminate in conjunction with this enrollment for group coverage? Yes NoIf yes, enter the following information: Effective date of termination Policy Number Select the type of coverage: Accident Cancer Critical Illness Hospital Indemnity

Group Enrollment Form**Selection of Coverage**

Answer yes or no and complete for each coverage selected.

Accident (GVAP1 On and Off the Job Accident) Do you want this coverage? Yes No Section 125 **Who do you want to cover?**

- Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

Your coverage will consist of:

- Base Coverage
 Benefit Enhancement Rider

Units

22**Total Deduction****Cancer/Specified Disease (GVCP2)** Do you want this coverage? Yes No Section 125 **Who do you want to cover?**

- Employee Only
 Family

Plan 1**Choose coverage:** Plan 1 Plan 2

Hospital	<u>1</u>	<u>2</u>
Radiation/Chemotherapy	<u>2</u>	<u>4</u>
Surgery Related	<u>1</u>	<u>1</u>
Miscellaneous	<u>1</u>	<u>1</u>
Cancer Screening Option	<u>4</u>	<u>4</u>

Total Deduction**Critical Illness (GVCIP2)** Do you want this coverage? Yes No Section 125 **Who do you want to cover?**

- Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

Your coverage will consist of:Basic Benefit Amount: \$ 10,000

- Cancer Critical Illness Option
 Wellness Option Units 2
 Supplemental Critical Illness Option II

Total Deduction**Hospital Indemnity (GVSP1)** Do you want this coverage? Yes No Section 125 **Who do you want to cover?**

- Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

Choose coverage: Plan 1 Plan 2 Plan 3

Hospital Related	<u>1</u>	<u>2</u>	<u>2</u>
Surgery/Inpatient Physician	<u>1</u>	<u>1</u>	<u>1</u>
Outpatient Related	<u>1</u>	<u>1</u>	<u>1</u>
Prescription Drug Option	<u>N/A</u>	<u>N/A</u>	<u>2</u>

Total Deduction

Group Enrollment Form

Beneficiary Designation

Your beneficiary designations will apply to all coverages and riders applied for, including designations for a spouse or covered dependent. For additional beneficiary designation options, complete form ABJ040.

Primary Beneficiary Name (Last, First, M.I.)		Social Security No.
Residence Address	Birth Date	Relationship
City, State, Zip	Phone No.	
Contingent Beneficiary Name (Last, First, M.I.)		Social Security No.
Residence Address	Birth Date	Relationship
City, State, Zip	Phone No.	

ACCEPTANCE/AUTHORIZATION. I hereby request all coverage(s) selected for which I am or may become eligible under the group coverages issued by AHL. I **AUTHORIZE** my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverages requested. **EFFECTIVE DATE:** I understand that the "effective date" of my elected coverages will be the effective date recorded on my Certificate, not the date this Enrollment is signed. **WAIVER/DECLINATION:** I understand that if I refuse any coverage for which I am eligible, satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such form may be declined on the basis of such proof.

FRAUD NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Employee Signature Date Signed

Agent's (Producer's) Statement. I certify that to the best of my knowledge and belief the information on this form is complete, accurate and correctly recorded.

Soliciting Florida Agent (Producer) Signature Soliciting Agent (Producer) Name Printed

Florida Agent License Number _____

Home office or agent (producer) to complete before issue:

Agent (Producer) Name	Agent (Producer) Number	Percentage Credit	Agent (Producer) Name	Agent (Producer) Number	Percentage Credit
Servicing Agent (Producer)			Soliciting Agent (Producer)		
Renaissance Benefit Advisors	1P0F0	100			



AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6688
(904) 992-1776

A Stock Company

<p style="text-align: center;">IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</p>
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This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- Hospital or medical expenses up to the maximum stated in the policy

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

<p style="text-align: center;">Before You Buy This Insurance</p>

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).



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This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- hospital or medical expenses up to the maximum stated in the policy

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

<p>Before You Buy This Insurance</p>

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
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IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

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- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
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