



American Home Assurance Company ("American Home")  
New York, New York

National Union Fire Insurance Company of Pittsburgh, Pa. ("NUFIC")  
New York, New York

## ENROLLMENT FORM FOR ACCIDENT INSURANCE UNDER CONVERSION PRIVILEGE\*

Name of Insured: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Date of Birth: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Insured Street Address, City, State, Zip Code: \_\_\_\_\_  
 \_\_\_\_\_

Name of Group Policy Holder: \_\_\_\_\_

Group Policy Number: \_\_\_\_\_ Amount of Principal Sum  
(see available amounts below): \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Relationship: \_\_\_\_\_

Beneficiary Street Address, City, State and Zip Code: \_\_\_\_\_  
 \_\_\_\_\_

Date of Termination of Employee: \_\_\_\_\_

## PRINCIPAL SUM

Amounts of Principal Sum Available:

- \$100,000 to \$500,000, in \$25,000 increments.
- \$750,000 provided your annual earnings with the group policyholder was \$75,000 or more or if your net worth is \$750,000 or more.
- \$1 million provided your annual earnings with the group policyholder was \$100,000 or more or if your net worth is \$1 million or more.

## INSTRUCTIONS FOR CONVERSION PRIVILEGE

\* Coverage is underwritten by NUFIC in the following jurisdictions: Connecticut, Mississippi, Missouri, North Carolina and Wisconsin. In the remaining jurisdictions, coverage is underwritten by American Home. On the date of termination of employment or during 31 day period following termination of employment, you may convert your Insurance, without a medical examination, to American Home's or NUFIC's Individual Insurance Policy. The Individual policy will be effective either as of the date the enrollment form and payment is received by the Insurance Company or Its Agent, or on the date coverage under the group policy ceases, whichever occurs later. The premium will be the same as you would ordinarily pay if you applied for an individual policy at American Home or NUFIC. The amount of Insurance benefit converted cannot exceed \$500,000 unless the annual earnings/net worth criteria is satisfied nor be less than \$100,000. Another form must be completed if you desire coverage for your spouse and for each dependent child 16 years of age or older. They must each have a separate enrollment form.

## ANNUAL PREMIUM PER \$1,000.00 OF PRINCIPAL SUM

<b>ALL STATES</b> (EXCEPT CONNECTICUT, MASSACHUSETTS, MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, WISCONSIN)		
Ages 16-62 \$1.25	Ages 63-69 \$3.00	Ages 70-79 \$4.00
<b>CONNECTICUT RESIDENTS</b>		
Ages 16-69 \$1.31	Ages 70-79 \$1.84	
<b>MASSACHUSETTS RESIDENTS</b>		
Ages 16-62 \$1.20	Ages 63-69 \$3.00	Ages 70-79 \$4.00
<b>MISSISSIPPI AND WISCONSIN RESIDENTS</b>		
Ages 16-62 \$.96	Ages 63-79 \$1.34	
<b>MISSOURI RESIDENTS</b>		
Ages 16-62 \$.91	Ages 63-79 \$1.50	
<b>NEW YORK RESIDENTS</b>		
Ages 16-79 \$1.25		
<b>NORTH CAROLINA RESIDENTS</b>		
Ages 16-62 \$.80	Ages 63-79 \$1.12	

All premium payments after the first payment are due and payable annually. Your Premiums will increase when you move from one age range to another. Coverage terminates at age 80, or on the Policy Anniversary next following the date you turn age 80, whichever is later.

I hereby represent that the above is true and correct to the best of my knowledge and belief. I understand my answers to the above questions determine eligibility for coverage and that coverage will not become effective unless and until this enrollment form is approved and accepted. I understand that if coverage does become effective, the coverage effective date will be indicated in the Policy of Insurance I will receive.

I understand that a photocopy of this form is as valid as the original, and that I have a right to receive a copy of this form upon request.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Fraud Notice:** Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of the crime of insurance fraud as determined by a court of competent jurisdiction. In Florida: Any person who knowingly and with intent to injure files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. In Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. In Washington: A person who knowingly makes a false or misleading statement or impersonation, or who willfully fails to reveal a material fact in or relative to an application for insurance, to an insurer, is guilty of a gross misdemeanor. **THIS FRAUD NOTICE DOES NOT APPLY TO RESIDENTS OF VIRGINIA.**

### This form with your payment should be submitted to:

Reuben Warner Associates, Inc.  
1655 Richmond Avenue  
Staten Island, NY 10314  
Phone: +1 718-477-3700  
Fax: +1 718-477-7366  
Toll Free: +1 800-421-3005

Reuben Warner Associates, Inc. is the Managing General Agent for Individual AD&D business for American Home and NUFIC. Your check should be payable to Reuben Warner Associates, Inc.

Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, New York and American Home Assurance Company, with its principal place of business in New York, New York. Coverage may not be available in all states.