



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 (For Residents in all states except New York and Pennsylvania):

- \$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.

Amounts of Principal Sum Available (For Residents in New York and Pennsylvania):

- \$100,000 to \$1,000,000, in \$100,000 increments.

INSTRUCTIONS FOR CONVERSION PRIVILEGE

*Coverage is underwritten by American Home in the following jurisdictions: Florida, Massachusetts and New Hampshire. In the remaining jurisdictions, except for New Mexico, coverage is underwritten by NUFIC. Coverage is not available in New Mexico. 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 (not applicable for Residents in New York or Pennsylvania), 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

ALABAMA, ARKANSAS, CALIFORNIA, KANSAS, KENTUCKY, LOUISIANA, MISSISSIPPI, MISSOURI, NEVADA, OREGON, UTAH AND WISCONSIN RESIDENTS		
Ages 16-62 \$.91	Ages 63-79 \$1.50	
ALASKA RESIDENTS		
Ages 16-62 \$.85	Ages 63-79 \$1.33	
ARIZONA, DELAWARE, HAWAII, ILLINOIS, INDIANA, TEXAS AND WYOMING RESIDENTS		
Ages 16-62 \$.96	Ages 63-79 \$1.34	
COLORADO RESIDENTS		
Ages 16-69 \$.78	Ages 70-74 \$.97	Ages 75-79 \$1.50
CONNECTICUT RESIDENTS		
Ages 16-69 \$1.31	Ages 70-79 \$1.84	
DISTRICT OF COLUMBIA AND MARYLAND RESIDENTS		
Ages 16-62 \$.76	Ages 63-79 \$1.25	
FLORIDA AND NEW HAMPSHIRE RESIDENTS		
Ages 16-62 \$1.25	Ages 63-69 \$3.00	Ages 70-79 \$4.00
GEORGIA, NEW JERSEY, NORTH CAROLINA AND PENNSYLVANIA RESIDENTS		
Ages 16-62 \$.80	Ages 63-79 \$1.12	
IDAHO RESIDENTS		
Ages 16-69 \$1.23	Ages 70-74 \$1.42	Ages 75-79 \$2.20
IOWA, MONTANA, NEBRASKA, OKLAHOMA AND SOUTH CAROLINA RESIDENTS		
Ages 16-69 \$1.30	Ages 70-74 \$1.51	Ages 75-79 \$2.32
MAINE RESIDENTS		
Ages 16-69 \$1.00	Ages 70-74 \$1.16	Ages 75-79 \$1.79
MASSACHUSETTS RESIDENTS		
Ages 16-62 \$1.20	Ages 63-69 \$3.00	Ages 70-79 \$4.00
MICHIGAN AND VERMONT RESIDENTS		
Ages 16-62 \$.83	Ages 63-79 \$1.36	
MINNESOTA AND OHIO RESIDENTS		
Ages 16-62 \$.69	Ages 63-79 \$1.14	
NEW YORK RESIDENTS		
Ages 16-62 \$.73	Ages 63-79 \$1.02	
NORTH DAKOTA RESIDENTS		
Ages 16-62 \$.87	Ages 63-79 \$1.22	
RHODE ISLAND RESIDENTS		
Ages 16-69 \$1.01	Ages 70-74 \$1.26	Ages 75-79 \$1.95
SOUTH DAKOTA AND WEST VIRGINIA RESIDENTS		
Ages 16-69 \$1.08	Ages 70-74 \$1.25	Ages 75-79 \$1.94
TENNESSEE RESIDENTS		
Ages 16-62 \$.76	Ages 63-75* \$1.25	*Renewal Only for Ages 76-79 \$1.25
VIRGINIA RESIDENTS		
Ages 16-62 \$.84	Ages 63-79 \$1.38	
WASHINGTON RESIDENTS		
Ages 16-62 \$.63	Ages 63-79 \$1.04	

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.

UT Residents: The Policy provides limited benefits. Review your policy carefully.

FRAUD NOTICE: For residents of all states (except as noted below): 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.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas, Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: WARNING – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Kentucky: Any person who knowingly and 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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: 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 deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 subjects such person to criminal and civil penalties.

Tennessee, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia: Any person who, with the 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 state law.

Signature of Applicant: _____ Date: _____

This form with your payment should be submitted to:

Reuben Warner Associates, Inc. – 300 Connell Drive, Suite 1100 | Berkeley Heights, NJ 07922
Phone: 718-477-3700 | Fax: 718-477-7366 | Toll Free: 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.