

Application Form

ASSOCIATION 4000 ENROLLMENT FORM

Last Name:		First Name	
Address:		Beneficiary:	
City:		State:	Zip Code:
[] Male [] Female DOB:		SS#	
Home/Cell Phone: ()		Email:	

DEPENDENT INFORMATION

NAME	GENDER	SS#	DOB	RELATIONSHIP
SIGNATURE:		DATE:		

PLEASE CHECK BELOW THE PRODUCT YOU ARE ENROLLING FOR:

<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> AD&D	<input type="checkbox"/> Term Life Insurance
<input type="checkbox"/> Single <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Family
<input type="checkbox"/> 250,000	<input type="checkbox"/> 200,000	<input type="checkbox"/> 150,000	<input type="checkbox"/> 100,000
<input type="checkbox"/> 50,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 15,000

RETURN TO:

Harbor Insurance Marketing, Inc.

WRITING AGENT

GENERAL AGENT

P.O. Box 422 Brownsburg, IN 46112

Name _____ Address _____

866-424-2167 866-853-1086 fax

Email _____

Monthly Premium Calculation Sheet

(premiums listed below are based on automatic bank draft
add \$5 for direct monthly billing)

Accident Disability

Short Term	Single	\$29.33	
	Primary & Family	\$29.33	
Long Term	Single	\$11.43	
	Primary & Family	\$15.38	

Accidental Death & Dismemberment - 24 Hour Coverage

\$250,000	Single	\$29.85	
\$250,000	Primary & Family	\$49.58	
\$200,000	Single	\$24.58	
\$200,000	Primary & Family	\$40.38	
\$150,000	Single	\$19.33	
\$150,000	Primary & Family	\$31.15	
\$100,000	Single	\$14.05	
\$100,000	Primary & Family	\$21.95	
\$50,000	Single	\$ 8.80	
\$50,000	Primary & Family	\$12.73	

Term Life Insurance

\$ 5,000.00	Single	\$12.08	
\$ 5,000.00	Primary & Family	\$20.60	
\$10,000.00	Single	\$20.60	
\$10,000.00	Primary & Family	\$37.65	
\$15,000.00	Single	\$29.13	
\$15,000.00	Primary & Family	\$54.73	

Premium Enrollment Fee \$
\$40.00

Submit With Application \$

Short Term Disability – National Union Fire Insurance Co of Pittsburgh – An AIG Company
 Long Term Disability – National Union Fire Insurance Co of Pittsburgh – An AIG Company
 AD&D – National Union Fire Insurance Co of Pittsburgh – An AIG Company
 Term Life Insurance – Mutual of Omaha