



AFA INSURANCE

application instructions

1. **Complete the Application Form** Type in the blue fields on the PDF form, or print the form and write in your information in ink. Be sure to sign and date the form.
2. **Save a copy for your records.** Email the completed form to SubmitApp@ftj.com
or mail to : Forrest T. Jones & Company
P.O. Box 418131
Kansas City, MO 64141-8131

We will contact you within 10 business days to let you know if your request for coverage has been approved or if additional information is required.

satisfaction guaranteed

When you receive your certificate of insurance, review it carefully. If you are not completely satisfied with the terms of your coverage, simply return your certificate, without claim, within 30 days. Your coverage will be invalidated, and you'll receive a full refund, no questions asked.

questions

Contact us by email, postal mail, or telephone.
We will be happy to answer your questions.

Thanks you for your interest in this valuable coverage.

Administered by



3130 Broadway | P.O. Box 418131 | Kansas City, MO 64141-8131

In Arizona, Forrest T. Jones Consulting Company



**CustomerService@
AFAinsure.com**



**Forrest T. Jones & Company
P.O. Box 418131
Kansas City, MO 64141-8131**



800.291.8480

Application begins on next page →



Group Accidental Death & Dismemberment Insurance Application

Insurance Benefit for AFA Members & their Families

To enroll, complete this form and return to:



Forrest T. Jones & Company®*

Group Insurance Administrator

P.O. Box 418131

Kansas City, MO 64141-8131

*Forrest T. Jones Consulting Company in Arizona

Underwritten by:



New York Life Insurance Company

51 Madison Avenue

New York, NY 10010

NEW YORK LIFE and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company

Questions? Call 800.291.8480 or email CustomerService@AFAInsure.com

Please print in ink or type; initial and date any changes.

Membership Affiliation

Are you currently a member of the Air & Space Forces Association and/or AFA Veteran Benefits Association? Yes No

(Membership in AFA/AFAVBA is required for participation in this policy. Affiliate members are not eligible.)

Membership Number: _____ Expiration Date: _____
(MM / DD / Y YYYY)

Personal Information

Name: _____
(FIRST NAME / MIDDLE INITIAL / LAST NAME)

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____ Sex: Male Female Height _____ Weight _____

Social Security Number: _____ Date of Birth: _____
(MM / DD / YYYY)

Marital status: Married Divorced Single Widowed Civil Union† Domestic Partner†

† Eligibility of Domestic Partner/Civil Union partner is determined by state law.

Insurance Requested: (Refer to the enclosed fact sheet for eligibility, options, and coverage description.)

I hereby apply for the following coverages:

- | | | |
|------------------|--------------------------------------|--|
| \$500,000 | <input type="checkbox"/> Member Only | <input type="checkbox"/> Member & Family |
| \$250,000 | <input type="checkbox"/> Member Only | <input type="checkbox"/> Member & Family |
| \$150,000 | <input type="checkbox"/> Member Only | <input type="checkbox"/> Member & Family |
| \$ _____* | <input type="checkbox"/> Member Only | <input type="checkbox"/> Member & Family |

** The benefit level must be in \$50,000 increments.*

NOTE: If you select family coverage, the benefit amounts for your spouse and children are based on your family status. Please see enclosures for details.

Beneficiary Designation:

The death benefit will be paid in the following order of survival: Spouse, children equally, parents equally, brothers and sisters equally or to the owner's estate. An alternative beneficiary(ies) can be designated by contacting the Administrator at 1-800-291-8480.

Fraud Notices

RESIDENTS OF AL/AR/LA/RI: 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.

RESIDENTS OF CA: 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 may be a crime and may subject such person to criminal and civil penalties. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

RESIDENTS OF D.C.: 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.

RESIDENTS OF FL: 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.

RESIDENTS OF KS: 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 may be guilty of insurance fraud as determined by a court of law.

RESIDENTS OF ME: 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.

RESIDENTS OF MD: 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.

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

RESIDENTS OF OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

RESIDENTS OF PUERTO RICO: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

RESIDENTS OF TN/WA: 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.

RESIDENTS OF VA: 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 false or deceptive statements may have violated state law.