



Group Term Life and Accidental Death & Dismemberment Insurance Enrollment Form

Complete this form to enroll in the Group Term Life and Accidental Death & Dismemberment Insurance offered to Swimming Pool Association of Hawaii members. Please print clearly in dark ink and mail to **Arrow Insurance Service, 40 W. Cochran Street, Suite 112, Simi Valley, CA 93065. Phone 805-955-9555 or 800-833-3433; Fax 805-955-9535.**

Tell Us About Yourself

Your Name (<i>last, first, middle initial</i>)		Group Policy Number 67945-3	
Date of Birth (<i>month, day, year</i>)	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail Address	
Address			
City		State	ZIP
Daytime Telephone		Other Telephone	

- I wish to enroll in the \$5,000 Group Term Life Insurance and the \$100,000 Accidental Death & Dismemberment (AD&D) Insurance: Yes

Name Your Beneficiary

List one or more beneficiaries below. List the percent each will receive. The total must equal 100 percent.

Name	Address	Relationship	Percent

Read this information carefully, then sign and date below:

- ◆ To the best of my knowledge and belief, the information I've provided is complete and correct.
- ◆ I understand and agree that no coverage shall take effect unless this application is approved by ReliaStar Life Insurance Company. Insurance requiring premium payment by the insured will become effective upon approval by ReliaStar Life Insurance Company and the first premium is paid in my lifetime.
- ◆ I understand my coverage begins on the first day of the month after approval by ReliaStar Life Insurance Company.

Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.

Your signature	Date
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Underwritten by: ReliaStar Life Insurance Company