



# APSIT GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE APPLICATION

Please Print In Ink Or Type. Do Not Use Correction Fluid Or Gel Pens. Initial And Date Any Changes You Make.

## 1. MEMBER INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State (or Province)\*\* \_\_\_\_\_ Zip \_\_\_\_\_ Email (For internal use only. Email address will never be sold or shared.) \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

May we contact you via text message?  YES  NO Marital Status:  Married  Divorced  Widowed  Single

Member Full Name	Date of Birth	Sex
	/ /	<input type="radio"/> M <input type="radio"/> F
Spouse Full Name <sup>†</sup>	Date of Birth	Sex
	/ /	<input type="radio"/> M <input type="radio"/> F
Child*	Date of Birth	Sex
	/ /	<input type="radio"/> M <input type="radio"/> F
Child*	Date of Birth	Sex
	/ /	<input type="radio"/> M <input type="radio"/> F

\*Member date of birth must also be provided when requesting spouse coverage only. Member coverage must be in force to request spouse and child coverage.

†See Plan information for definition of eligible dependents. If more than two children are proposed for insurance, attach a separate sheet. Please sign and date the additional sheet.

In the next 12 months does any person proposed for insurance intend to reside outside the U.S. or Canada?

**Member:**  YES  NO If Yes, list country(ies): \_\_\_\_\_ For how long? \_\_\_\_\_

**Spouse:**  YES  NO If Yes, list country(ies): \_\_\_\_\_ For how long? \_\_\_\_\_

\*\*Not available in FL, NC, VT, WA, U.S. Territories (except Puerto Rico), or Quebec

## 2. MEMBER AFFILIATION

I am a member of (check all that apply):

- Acoustical Society of America
- American Geophysical Union
- American Association for the Advancement of Science -PHYS
- American Association of Physicists in Medicine
- American Association of Physics Teachers
- American Astronomical Society
- American Crystallographic Association
- American Institute of Aeronautics and Astronautics
- American Meteorological Society
- American Nuclear Society
- American Physical Society
- Astronomical Society of the Pacific
- AVS
- Biomedical Engineering Society
- Biophysical Society
- The Combustion Institute
- Council on Undergraduate Research-P/A
- Cryogenic Society of America
- The Electrochemical Society
- Geological Society of America, Inc.
- Health Physics Society
- IEEE Nuclear & Plasma Sciences Society
- International Centre for Diffraction Data
- Laser Institute of America
- Materials Research Society
- Microscopy Society of America
- National Society of Black Physicists
- Optical Society of America
- Sigma Pi Sigma
- Society for Applied Spectroscopy
- Society of Physics Students
- Society of Rheology
- Society of Vacuum Coaters
- SPIE

### 3. INSURANCE REQUESTED: REFER TO PLAN INFORMATION FOR ELIGIBILITY, PRINCIPAL SUMS, PREMIUM, AND COVERAGE DESCRIPTION

#### I HEREBY APPLY FOR THE FOLLOWING COVERAGE(S):

- A. Member Option:**  Initial Insurance Amount: \$ \_\_\_\_\_  Additional Insurance Amount requested from: \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- B. Spouse Option\*:**  Initial Insurance Amount: \$ \_\_\_\_\_  Additional Insurance Amount requested from: \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- C. Child Option:**  \$10,000 for all eligible dependent children (Member coverage must be in force to request child coverage.)

\*Spouse coverage cannot exceed 100% of member's coverage.

### 4. BENEFICIARY DESIGNATION: INSERT NAME, RELATIONSHIP, AND SOCIAL SECURITY NUMBER

I make the following **beneficiary designation** with respect to all the insurance on my life under this **Group Accidental Death & Dismemberment Insurance Plan** and if I am already covered under the Plan, I hereby revoke any prior beneficiary designation. The beneficiary for dependent coverage shall be the insured member as provided in the Group Policy. (If you want to name a different beneficiary for spouse coverage, more than one beneficiary, or a trust, please contact the Plan Administrator.)

Beneficiary Name *(Last, First, Middle Initial)*

Date of Birth

Relationship to Member

Social Security #

Address

Phone Number

### 5. FRAUD NOTICE

For Residents of all states except those listed below: 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. 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 CO: The following also applies: Any insurance company or agent who defrauds or attempts to defraud an insured shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. RESIDENTS OF AR/LA/MD/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. FOR 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 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 NY: For accident and health insurance only, any person who knowingly and with intent to defraud any insurance company or any 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. 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 and no 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.

### 6. AUTHORIZATION AND SIGNATURE

#### READ AND SIGN:

By signing and dating this application, the member requests the insurance indicated; and the member and any person proposed for insurance attest to having read the Fraud Notices indicated above, and that to the best of my knowledge and belief, the answers provided to the questions are true and complete.

Member's Signature: *(PLEASE SIGN AND DATE IN INK)*

Date