

CALIFORNIA PROFESSIONAL FIREFIGHTERS

VOLUNTARY GROUP LIFE WITH MATCHING AD&D ENROLLMENT/CHANGE FORM

Group Policy #26002



MEMBER INFORMATION

Local # _____

Name: _____ SSN: _____
First MI Last

Mailing Address: _____
Street City St Zip

Street Address: _____
Street City St Zip

Birth Date: _____ Gender: M F

Home Phone: _____ Work Phone: _____ Email: _____

Hire Date: _____ Classification: _____ Salary: \$ _____

COVERAGE INFORMATION - \$10,000 - \$300,000 (increments of \$10,000)

Check One:

- VGM-NT Voluntary Group Member - Non-Tobacco
- VGM-T Voluntary Group Member - Tobacco
- VGS-NT Voluntary Spouse - Non-Tobacco
- VGS-T Voluntary Spouse - Tobacco
- VG-C Dependent Child(ren) - \$5,000 max - \$0.90/Month

- | | |
|--|--|
| <small>Member</small> | <small>Spouse</small> |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$150,000 | * <input type="checkbox"/> Other: \$ _____ |
| * <input type="checkbox"/> Other: \$ _____ | |

*See Guaranteed Issue Limits. If amount requested is in excess of amount shown you **MUST** complete the Evidence of Insurance and HIPAA forms. Ask your representative or see website for the forms.

Received Notice of Information Privacy Practices Yes No

Are you applying for spouse coverage? Yes No (spouse to sign below) Are you applying for child(ren) coverage? Yes No

Have you or your spouse used ANY TYPE of tobacco in the past 12 months? Member Yes No Spouse Yes No

If you chose "yes" for applying for spouse or child(ren) coverage please complete the following:

First	Name of Dependent <small>MI Last</small>	Relationship	Age	Date of Birth <small>Mo Day Yr</small>

BENEFICIARY INFORMATION

Primary Beneficiary: _____
First MI Last Relationship

Contingent Beneficiary: _____
First MI Last Relationship

I apply for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the Group Policy or Group Policies issued to my employer by the Boston Mutual Life Insurance Company and authorize deductions, if any, from my earnings of the required premium contribution toward the cost of the insurance. I understand that if I am disabled on the date my insurance would otherwise become effective, I shall only become insured on the date I return to active full-time work. I further understand that if I decline insurance coverage for which I am now eligible and I desire to participate in the plan at a later date, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

- Yes No I certify that I am actively working as a firefighter and have, within the past 12 months of my Local's open enrollment period, passed my employer's employment physical.
(Check one)
- Check this box if you are NOT applying for Voluntary Group Term Life Insurance under Policy #26002.

I have been given the opportunity to enroll in the GUARANTEED ISSUE Voluntary Group Life program with matching AD&D and decline to participate at this time. I understand that if I apply for coverage under Group Policy #26002 at a later time I will be required to provide satisfactory evidence of insurability. GUARANTEED ISSUE is only available to me during this initial OPEN ENROLLMENT PERIOD.

\$5,000 Line-of-Duty Accidental Death Benefit. (check box if applicable otherwise request additional beneficiary form)

- please use the beneficiary information provided above for payment of the \$5,000 Line-of-Duty Accidental Death Benefit provided by the CPF Health Benefits Trust at no cost to me.

~~X~~ Member's Signature: _____ Date: _____

* Spouse's Signature: _____ Date: _____
(if applying for spouse coverage)

- Yes, please contact me about other benefits offered by the CPF Health Benefits Trust (1-800-549-4242 or www.cdf-insurance.com)

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