

# Group Accident Insurance Enrollment Form

Asking for your Social Security number protects you from fraud and from other people potentially taking out an insurance policy in your name.



## ENROLLMENT INSTRUCTIONS:

1. Read materials carefully.
2. Complete ALL information requested.
3. Print legibly with ballpoint pen or type.
4. Be sure to sign and date your form.
5. Mail this application to Royal State Insurance at 819 S. Beretania Street, Honolulu, HI 96813.

Member's Name (First, Middle Initial, Last)

Social Security # Asking for your Social Security number protects you from fraud and from other people potentially taking out an insurance policy in your name.

HFS FCU Account # ☐ Checking ☐ Savings

Date of Birth ☐ Male ☐ Female

Address

City State Zip

Home Phone

Work Phone

Beneficiary's Name (First, Middle Initial, Last)

Relationship

Residence Address of Beneficiary (House Number, Street, City, State, Zip)

■ If more than one beneficiary is designated, settlement will be made in equal shares to each of the designated beneficiaries (or beneficiary) who survive the insured, unless otherwise provided in the Group Policy.

■ If no designated beneficiary survives the insured, settlement will be made to the estate of the insured, unless otherwise provided in the Group Policy.

COST PER MONTH		COVERAGE AMOUNT	
MEMBER ONLY	FAMILY PLAN	UNDER AGE 70	AGE 70 AND OVER
\$ 0.72	\$ 1.08	\$10,000	\$5,000
\$ 1.44	\$ 2.16	\$20,000	\$10,000
\$ 2.16	\$ 3.24	\$30,000	\$15,000
\$ 2.88	\$ 4.32	\$40,000	\$20,000
\$ 3.60	\$ 5.40	\$50,000	\$25,000
\$ 4.32	\$ 6.48	\$60,000	\$30,000
\$ 5.04	\$ 7.56	\$70,000	\$35,000
\$ 5.76	\$ 8.64	\$80,000	\$40,000
\$ 6.48	\$ 9.72	\$90,000	\$45,000
\$ 7.20	\$10.80	\$100,000	\$50,000
\$ 9.00	\$13.50	\$125,000	\$62,500
\$10.80	\$16.20	\$150,000	\$75,000
\$12.60	\$18.90	\$175,000	\$87,500
\$14.40	\$21.60	\$200,000	\$100,000
\$16.20	\$24.30	\$225,000	\$112,500
\$18.00	\$27.00	\$250,000	\$125,000

## MEMBER'S COVERAGE CHOICES: (Check ONE box only)

☐ Basic Plan \$2,000 (Paid by HFS FCU) or

☐ Basic Plan \$2,000 with Additional Coverage  
(Select the Coverage Amount from below)

Would you like the Family Protection Option? (Circle one)

YES NO

## ADDITIONAL COVERAGE AMOUNT FOR MEMBERS

UNDER 70 YEARS OF AGE (Choose one amount only)

- |                                   |                                    |                                    |
|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$70,000  | <input type="checkbox"/> \$150,000 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$80,000  | <input type="checkbox"/> \$175,000 |
| <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$90,000  | <input type="checkbox"/> \$200,000 |
| <input type="checkbox"/> \$40,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$225,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$125,000 | <input type="checkbox"/> \$250,000 |
| <input type="checkbox"/> \$60,000 |                                    |                                    |

The principal amount is reduced 50% when insured is age 70 or older.

I hereby apply for Group Accident Insurance and authorize the necessary periodic charges to my account, if any, required of me for the insurance.

Signed \_\_\_\_\_  
SIGNATURE OF MEMBER APPLICANT / SIGN FULL NAME

Dated \_\_\_\_\_

## FOR OFFICE USE ONLY

Group Code	Product Code	Effective Date	Payment Method	Mode
HFED	ADD			MO