

**The American Legion Family Officers'
\$25,000/ \$50,000 Accidental Death & Dismemberment Insurance
Underwritten by: Securian Life Insurance Company St. Paul, MN 55101**

2018/2019 Enrollment Form

Please indicate: *The American Legion* *The American Legion Auxiliary* *Sons of The American Legion*

State _____

Address: _____

City/State/Zip Code: _____

Telephone: () _____

Please select coverage level \$25,000 \$50,000

For \$25,000 of coverage

- \$3.24 annually per person
- \$2.64 per person in Colorado and North Dakota
- \$2.40 per person in Delaware, Indiana, and New Hampshire
- \$2.16 per person in Minnesota

If you desire \$50,000 of coverage, the rates above are simply doubled.

Underwriting Information:

Total number of officers/office holders to be covered _____

3. Premium due for the 2018 / 2019 policy year equals sum of \$ _____

4. Define all officers to be covered by title/position: _____

5. Are any "Staff" or other class than above to be covered? _____ If so, please describe by title and function: _____

6. Is a roster of officers to be covered available? _____

EFFECTIVE DATE: August 1, 2018

(Signature/title)

(Date)

Note: The Application and a check for the premium amount payable to AGIA should be returned to Howard Bender at: AGIA Affinity Services, 4835 E. Cactus Road, Suite 410, Scottsdale, AZ 85254 no later than July 13, 2018. (It is NOT required but you can send your roster at a later date if desired.)

The Subscriber named above hereby adopts the provisions and conditions of the Legionnaire Insurance Trust, so that its Officers, Committee Chairmen, Committee members and staff, as shown in the Eligible Persons description in the policy, may participate in Insurance Benefits provided under certain insurance policies it holds for the benefit of the eligible persons previously described. The Subscriber agrees that it will be bound by the terms of the Trust and insurance policies under which its members become insured. Members under age 18 are not eligible.