



*2111 Palomar Airport Road
Suite 330
San Diego, CA 92011
(800) 733-4487
(858) 622-5000*

Application Instructions:

- Complete all sections of the application with signature and date.
- Complete Authorization for Direct Automatic Bill Payment form.
- Enclose a voided check. (Deposit slips will not be accepted)
- Mail package to:

Pacific Financial Designs, Inc.
2111 Palomar Airport Road
Suite 330
San Diego, CA 92011
Attn: New Benefits

- All enrollments received by the 15th of the month will be effective the 1st of the following month. Those received after the 15th will not be processed until the following month with an effective date of the following 1st of the month.
 - Example: Application received on August 14th will be effective September 1st, but an application received on August 17th will be effective October 1st.

AD&D Enrollment Form

Sponsored by:

Retired Peace Officers Association of California

Underwritten by: Catlin Insurance Company, Inc. of Atlanta, GA.

Policy # GAH-021 FD7-1000000

This form is mandatory for all RPOAC members under the age of 70. Without this form, the RPOAC will not know who to direct your group accidental death and dismemberment (AD&D) benefits.



**Free \$2,500 AD&D Coverage
All RPOAC Members**

Name _____ DOB _____ SS# _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Primary Beneficiary _____ Relationship _____

Contingent Beneficiary _____ Relationship _____

In addition to the free \$2,500 of coverage, members under the age of 70 can elect an additional:

**\$50,000 AD&D
\$3.50 per month**

**\$100,000 AD&D
\$7.00 per month**

Spousal benefit is available at 50% of member's coverage and cost.
Do you wish to include spouse? (Circle one)

Yes

No

Complete This Section if Applying for Spousal Benefit

Name _____ DOB _____ SS# _____

Primary Beneficiary _____ Relationship _____

Contingent Beneficiary _____ Relationship _____

Your Effective Date: Your coverage will begin on the later of: 1)the policy effective date; 2)the date this Enrollment is received by RPOAC.

I acknowledge that I have read, understand, and agree to the term and conditions of this coverage as detailed in the brochure and I authorize the premium deduction from my bank account for the insurance applied for as shown above.

I have been given the opportunity for this insurance, but I do not desire to participate.

Signature _____ **Date** _____

Mail Application to:

Pacific Financial Designs
2111 Palomar Airport Road
Suite 330
Carlsbad, CA 92011

Or FAX Application to:

(858) 622-5025

For any questions regarding this plan please call:

(800) 733-4487

or email info@thepfdgroup.com

CATLIN

Underwriting Ambition

AUTHORIZATION FOR DIRECT AUTOMATIC BILL PAYMENT

Company Name: Benefit Service Center, Inc. (the "Company")

I (we) authorize the Company to initiate variable entries to my (our) account described below:

Checking Acct. No. _____ Savings Acct. No. _____

Financial Institution Name: _____

Financial Institution Address: _____



A voided check from the account mentioned above is required

Please do not attach deposit slips

This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner to afford the Company a reasonable opportunity to act on it. By signing this authorization, you agree to a flat fee of \$2.00 per month for administration costs.

Signature _____

(Optional - For Joint Account)

Full Name _____

Signature _____

Address _____

Full Name _____

Date _____

Date _____

Telephone _____

Telephone _____

Policy No. _____

Office Use Only

Representative _____

First Batch _____

Agent _____

Notes _____

Policy _____