

**AD&D Enrollment Form**

Underwritten by: Guarantee Trust Life Insurance Company, Glenview, IL

**Policy #**

Sponsored by:

**Retired Peace Officers Association of California**



**No Cost \$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 no cost \$2,500 of coverage, members under the age of 70 can elect an additional:**

**\$50,000 Member Coverage  
\$2.78 per month**

**\$100,000 Member Coverage  
\$5.56 per month**

**\$50,000 Member Coverage  
+ \$25,000 Spouse Coverage  
\$4.17 per month**

**\$100,000 Member Coverage  
+ \$50,000 Spouse Coverage  
\$8.83 per month**

**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](mailto:info@thepfdgroup.com)**