



**11230 Sorrento Valley Road  
Suite 105  
San Diego, CA 92121  
(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.  
11230 Sorrento Valley Road  
Suite 105  
San Diego, CA 92121  
Attn: New Benefits

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

## AD&D Enrollment Form

Sponsored by:

### Retired Peace Officers Association of California

Underwritten by: National Union Fire Insurance Company of Pittsburgh, PA.

Policy # SRG0009123381

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  
11230 Sorrento Valley Road  
Suite 105  
San Diego, CA 92121

Or FAX Application to:

(858) 622-5025

For any questions regarding this plan please call:

(800) 733-4487 x. 302

or email [info@thepfdgroup.com](mailto:info@thepfdgroup.com)

**CHARTIS**

Accident and Health

