

**Shenandoah Life Insurance Company®**

Administrative Office: P.O. Box 14758, Clearwater, FL 33766

• Toll Free Phone Number: 1-844-801-6238

Enrollment Form for Accident Insurance and Optional Riders

Requested Effective Date:

**ENROLLMENT FORM**

Employer/Group		Group Number	Billing Mode <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> BW <input type="checkbox"/> W <input type="checkbox"/> Other	
Proposed Named Insured (First, MI, Last)		S. S. Number	Member Number	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birth Date	Home Phone Number	
Home Address		City	State	Zip
Job Title/Occupation			State of Birth	Date Hired
<input type="checkbox"/> Payor or <input type="checkbox"/> Owner (if other than Proposed Named Insured) & Address		S.S. Number or Tax ID Number	Birth Date	

Is the proposed Named Insured actively at work at least 16 hours per week performing the regular duties of the job in the usual manner and at the usual place of employment?	Yes	No	Email Address:
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**NAMED INSURED'S SPOUSE AND/OR DEPENDENT CHILDREN PROPOSED FOR COVERAGE**

	Full Name	Sex	Birth Date
<b>Spouse</b>		<input type="checkbox"/> M <input type="checkbox"/> F	
<b>Children</b>		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

Accident Insurance	INSURANCE APPLIED FOR	BENEFIT OPTION
<input type="checkbox"/> Named Insured	Base Accident Certificate	\$
<input type="checkbox"/> Named Insured + Spouse	<b>Optional Coverage Riders:</b>	
<input type="checkbox"/> One Parent	Accident Only Indemnity Coverage Benefits	<input type="checkbox"/> Yes
<input type="checkbox"/> Two-Parent	Accident Only Expense Benefit	<input type="checkbox"/> Yes
	Hospital Admission Benefit (Accident Or Sickness)	<input type="checkbox"/> Yes
	Hospital Admission Benefit (Accident)	<input type="checkbox"/> Yes
	Specific Sum Injury Benefit	<input type="checkbox"/> Yes
	Additional Benefits	<input type="checkbox"/> Yes
	Annual Health Screening Tests Benefit	<input type="checkbox"/> Yes
	Hospital Intensive Care Unit Benefits	<input type="checkbox"/> Yes
	Lump Sum Accident-Only Disability Benefit	<input type="checkbox"/> Yes
	Accident First Occurrence Benefit Rider	<input type="checkbox"/> Yes
	Sports Package Benefit Rider	<input type="checkbox"/> Yes
<b>Section 125</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>TOTAL MODAL PREMIUM</b> \$

QUESTIONNAIRE		
1.	Is any person proposed for coverage eligible for Medicare? If "yes" review the Guide to Health Insurance for People with Medicare which is available from the company.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**NAMED INSURED BENEFICIARY INFORMATION**

<b>Beneficiary Name</b>	<b>Relationship to Named Insured</b>	<b>Benefit %</b>	<b>Primary</b>	<b>Contingent</b>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**SPOUSE BENEFICIARY INFORMATION (if applicable)**

<b>Beneficiary Name</b>	<b>Relationship to Spouse</b>	<b>Benefit %</b>	<b>Primary</b>	<b>Contingent</b>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**For a Dependent Child, the Named Insured is considered the beneficiary unless changed in accordance with the Change of Beneficiary provision of the Certificate.**

**AGREEMENT:** I have read or had read to me the completed enrollment form, and my statements and answers are true and complete, to the best of my knowledge and belief. With my signature below, I confirm I have read and understand the Fraud Warning Notice printed on the following pages. I understand that any material misstatement or misrepresentation may result in loss of coverage. I understand that any insurance applied for will not take effect unless and until Shenandoah Life Insurance Company approves my enrollment form. I understand that the effective date of the coverage will be the date stated on the Certificate's schedule page, not the date this enrollment form is signed. I understand that no agent can accept risks, modify policies, or waive any rights or requirements of Shenandoah Life Insurance Company.

**Signature of Applicant: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Affidavit for Agent's Use Only:** I hereby certify that I have truly recorded in this enrollment form the information supplied by the applicant. I also certify that the applicant has read or had read to him or her the completed enrollment form.

Writing Agent's Signature \_\_\_\_\_ Writing Agent's No. \_\_\_\_\_

Agent's Name: (please print) \_\_\_\_\_ State License No \_\_\_\_\_

### Fraud Warning Notice

<b>For all states except those listed below:</b>	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
<b>Arizona</b>	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>Arkansas, Louisiana and West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Delaware</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	<b>Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.</b>
<b>Indiana</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kansas</b>	Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties as may be determined by a court of law.
<b>Kentucky North Carolina</b>	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.
<b>Maryland</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>Nebraska</b>	Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	<b>ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRUADULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.</b>
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	<b>WARNING:</b> Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

<b>Pennsylvania</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. If coverage is <u>contested</u> , the company's only obligation will be to refund all premiums paid.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. <u>Penalties include imprisonment, fines and denial of coverage.</u>
<b>Texas</b>	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
<b>Virginia</b>	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.