

American Fidelity

**HSTA Voluntary Employees Beneficiary Association Trust
Short Term Income Protection Insurance Plan
Enrollment Form**

New Enrollment Change In Salary/Benefit Change In Address/Name Cancel My Enrollment

Social Security # -		Name (last, first, middle initial)	
HSTA – VEBA Membership #	Resident Address (Street)	City, State	Zip Code
Male Female	Mailing Address	City, State	Zip Code
Date of Birth / /	Home Telephone ()	School/Work Telephone ()	
Beneficiary		Relationship to Beneficiary	
Email Address	Date of Membership	Monthly Salary \$ _____	
I will be on active employment on the effective date of this plan. <input type="checkbox"/> YES <input type="checkbox"/> NO			

Benefit Election

Plan I 017106-G1 Plan II 017120-G2

Choose Your Benefit Period: 90 Days 180 Days

Monthly Disability Benefit: \$ _____ Premium: \$ _____
Trust Subsidy : (\$10.00)
Total Premium: \$ _____

Declaration and Authorization

I am enrolling for insurance in accordance with the terms of the Policy for which I am eligible. By signing this enrollment form, I the undersigned, represent that all answers are true and complete. I further understand that the proposed insurance will become effective the first day of the calendar month following issuance of the Certificate and receipt by the Company of one full month's premium.

I authorize the HSTA VEBA Trust to deduct my initial and renewal premium contribution from my salary for the insurance coverage which I am enrolling. These authorized deductions may be made at intervals mutually agreed upon by the HSTA VEBA Trust and American Fidelity Assurance Company, and are to be paid to the Company when due. I understand I am responsible for paying any premium due for which the HSTA VEBA Trust cannot make a regularly scheduled deduction.

Employee Signature: _____ Date: _____

HSTA VEBA Trust use	Date Received	Date Membership Verified	Date to Carrier	Premium
	Effective Date of Coverage/Change:		Effective Date of Cancellation	
American Fidelity use	Effective Date:	MCP#	MCH#	Agent#

M-3207R0819

This plan is underwritten by:
American Fidelity Assurance Company