

**VOLUNTARY ACCIDENT INSURANCE PLAN  
VETERANS ADMINISTRATION EMPLOYEES ASSOCIATION**

Please be sure to print or type clearly, show the amount of insurance (Principal Sum) you wish to purchase, and check whether you want family coverage or not.

<b>ADD-1159</b>		<b>ENROLLMENT CARD</b>					
First Name	Middle Initial	Last Name			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Mo   Day   Year	
Address: Street	City		State	Zip	OA (leave blank)	Spouse Date of Birth	
Do you wish Family coverage Yes No. If yes, the named insured will be the beneficiary for the Dependents Coverage.			Amount of Principal Sum	Annual Premium	Effective Date – (leave blank)		
Your Primary Beneficiary (First Name)		(Middle Initial)	(Last Name)			Relationship	
Your Contingent Beneficiary (First Name)		(Middle Initial)	(Last Name)			Relationship	
Date of Employment			Are you Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No			Occupation	

Date: \_\_\_\_\_ Signature \_\_\_\_\_

RETURN ENROLLMENT CARD AND CHECK MADE PAYABLE TO MASS BENEFITS **HARTFORD LIFE INSURANCE COMPANY, HARTFORD, CT**

**How to Enroll**

**1. Complete Enrollment Card.**

*Be Sure to State:*

- a) amount of Principal Sum
- b) whether you want family coverage or single coverage

**2. Mail completed card with annual premium to:**

Mass Benefits  
P.O. Box 828  
Dept. 1159  
Annandale, VA 22003-0828

**Questions?** Call toll-free ... 1-800-221-3083