

FAMILY ACCIDENT 10,000 APPLICATION

Last Name: _____ First: _____ MI: _____

SS#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____ Eff. Date: _____

Dependents	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All applications will become effective on the first of the month following receipt of the application by ABA. This brochure is a summary of coverage, please review your certificate for additional details.

Eligibility – All dues paying members, under age 70, and family (lawful spouses, under age 70, and dependent children, under age 18, living at home). All eligible applicants accepted.

Checks are to be made payable to: "AMERICAN BENEFITS ASSOCIATION"

Application Signature: _____ Date: _____

Consultant: _____

Consultant Tax ID#: _____

All plans are made effective on the first of every month

AMERICAN BENEFITS ASSOCIATION

Marketed by:

HP AGENCY

5 West Main Street, Suite 202
Elmsford, New York 10523
914/347-2500 or 800/288-8199

Email: bob.hpagency@verizon.net

Website: www.hpagency.com

FAMILY ACCIDENT 10,000

Only \$469.95 Per Year
(\$40.00 Monthly Bank Draft)

The above premium covers the entire family