



Disability Enrollment

Aetna Life Insurance Company

Member Insurance Department
 Air Line Pilots Association
 535 Herndon Parkway
 Herndon VA 20170-5226

Refer to the instructions on Page 2 when completing this form.

Greyed out boxes are to be completed by ALPA

Control	863177	Suffix	Account
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A. Plan Sponsor Group Information

Plan Sponsor Name - Full Name of Business or Organization FDX MEC of the Air Line Pilots Association, International
Plan Sponsor Address (Street, City, State, ZIP Code) - Primary Location of Business or Organization Air Line Pilots Association 535 Herndon Parkway Herndon, VA 20170-5226

B. Member Information – Please Print all Information

ALPA Member Number	Member Name	Member Estimated Annual Earnings \$
Member Home Address (Number, Street, Apt. No., City, State, ZIP Code)		Birthdate (MM/DD/YYYY) / /
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Telephone Numbers Home () Cell ()	Occupation/Title Pilot	Member's E-Mail Address

C. Enrollment/Change Information

Enrollment - Check one.

Initial Enrollment - New Hire Effective Date (MM/DD/YYYY)

Initial Enrollment/Open Enrollment – Non-New Hire _____

Change of Plan Option– Current Enrollee

D. Member Plan Options and Coverage Amounts

Supplemental Long Term Disability

Plan Option 1: 12 Months Benefit Qualifying Period

Plan Option 2: 24 Months Benefit Qualifying Period

Please refer to the Supplemental Long Term Disability Summary of Benefits for information about the plan options

E. Certification - Signatures Required

My signature below signifies my agreement with the statements and authorization in the Certification and Authorization and the Misrepresentation sections of this form.

Member Signature (Required)	Date	Plan Sponsor Signature (Required)	Date
X		X	

Certification and Authorization

- I certify that all information on this form is true and complete to the best of my knowledge and belief. I understand that this insurance is subject to all of the terms of the Plan of Insurance contained in the group policy and summarized in the announcement materials provided me and the certificate issued to me. I understand that the effective date of insurance for myself is subject to my being actively at work on that date. Further, I understand that any insurance subject to evidence of good health or medical information will not become effective until Aetna gives its written consent.
- I understand that, in the event I fail to sign this form within 31 days of the effective date of eligibility or that for any reason Aetna does not receive notice of the Enrollment/Change Request within a reasonable time following the date I was eligible to enroll or change my coverage, my eligibility may be affected.
- I request my Plan Sponsor to arrange for the issuance of Group Disability Coverage for which I am or may become eligible and authorize deductions of the required contributions from my earnings.

Please make a copy for your records.

Instructions

Section A – Plan Sponsor Group Information

- Greyed out boxes to be completed by Air Line Pilots Association, International.

Section B – Member Information

- Complete all information requested. Incomplete or missing information may result in delays in the processing of your Enrollment/Change Request.
- Birthdate should include four-digit year of birth.

Section C - Enrollment/Change Information

- Check applicable box for initial enrollment – new hire, initial enrollment – non-new hire or change of plan option – current enrollee.

Section D - Member Plan Options and Coverage Amounts

- Check the box applicable to the plan you wish to enroll in or change to.

Section E - Certification (Signature Required)

- Read the Certification and Authorization and the Misrepresentation sections prior to signing the form.
- Sign and date the form.
- Please make a copy of this form for your records.
- Mail completed form in pre-addressed envelope to:

Member Insurance Department

Air Line Pilots Association

535 Herndon Parkway

Herndon, VA 20170-5226

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive 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.

Attention Arkansas, Louisiana, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of 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.

Attention Ohio and Pennsylvania Residents: 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.

Attention California Residents: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: 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, 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.

Attention Florida Residents: 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.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form 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 have violated state law.

Attention Kentucky Residents: 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 may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention Maryland Residents: 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.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York Residents, the following statement applies only to your AD&D and Disability coverage(s): 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: 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.

Attention Oregon Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form 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 have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties.