Voluntary Accident Enrollment Form

Policyholder: **California Association of Realtors –** Policy No**. 9906-55-53**
Issued by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies

Please print clearly and keep a copy for your records

Please check one: (note: Enrollee can be C.A.R. Member or W-2 Employee of C.A.R. Member)

- o New Enrollment
- o Change in Existing Coverage
- o Change of Beneficiary

Last Name First Name Middle Name

Mailing or Home Address City State Zip Code

Social Security Number Telephone E-Mail Address

Name of Your Loss of Life Beneficiary

Relationship and Address of Beneficiary

Name of Spouse (required only if requesting Family Coverage)

Plan Choice - Check one of the following plans:

- o Member or Employee Only (Covers only Member/Employee for selected Benefit Amount)
- o Member or Employee & Family (Covers Member/Employee for selected Benefit Amount and qualified family members covered at percentage of benefit noted in section *Plan Benefits Amounts, Options and Costs*.

Benefit Amount Selected – Check one of the following amounts. * If you select an amount over $500,000, please also include a copy of the member's/employee's prior calendar year 1099 and/or W-2 earnings as the Benefit Amount selected cannot exceed 10 times the member's/employee's annual earnings from the prior calendar year at time of requested Enrollment or Change of Existing Coverage. The selected Benefit Amount cannot be increased after age seventy (70). The Benefit Amount begins reducing at age 70 and will continue to reduce until age 85.

	Coverage	**Annual Premium Amounts**	
		Member/Employee Only Coverage	Member/Employee & Family Coverage
o	$250,000	$75.00	$150.00
o	$500,000	$150.00	$300.00
o	$750,000*	$225.00	$450.00
o	$1,000,000*	$300.00	$600.00

- o I authorize RealCare to enroll me in the Accident Benefit and Plan Choice elected above. My premium check for the total annual premium (made payable to RealCare Trust Account or R.I.T.A.) is enclosed with this form. I understand I am not enrolled until I receive confirmation from RealCare. I understand that my confirmation and Summary of Coverage will be e-mailed to me at the e-mail address stated on this form.

Signature Date Requested Effective Date of Coverage or Change

Mail Election of Coverage Form and annual premium check to: RealCare Insurance Marketing, Inc., 19310 Sonoma Highway, Suite A; Sonoma, CA 95476. If you have questions, please call RealCare at 1-800-939-8088, ext. 202.