

IMMEDIATE PROCESSING REQUESTED

PLACE
STAMP
HERE

LEGIONNAIRE INSURANCE TRUST
P.O. BOX 21208
SANTA BARBARA, CA 93121-1208

24587



	DEPARTMENT MEMBERS: OFFICIAL NOTIFICATION FOR SPECIAL \$1,000.00 NO COST TO YOU BENEFIT
<p>For a limited time, all dues-paying Department Members will be given \$1,000.00 of Accidental Death Insurance at No Cost by completing and returning the attached card. You must complete and return the attached card to enroll in the NO COST \$1,000.00 Accident Insurance to extend coverage through August 31, 2016.</p>	
<p>THERE IS NO COST TO YOU</p>	
<ul style="list-style-type: none">• Coverage has been arranged on your behalf by Your Department of The American Legion.• This coverage is Underwritten by Life Insurance Company of North America, a CIGNA Company, and Administered by A.G.I.A., Inc. for The Legionnaire Insurance Trust.	
<p>YOUR \$1,000.00 COVERAGE IS GUARANTEED</p>	
<ul style="list-style-type: none">• All you need to do is sign, date, and fill in your date of birth on the other side of this card and mail it today.• Regardless of your age, health or occupation, your acceptance is guaranteed.• Your coverage will become effective the date your Enrollment Activator is received by the Administrator during your lifetime.• Your \$1,000.00 No Cost coverage will be effective through August 31, 2016, provided you enroll now, you remain a Legionnaire, and the Master Policy remains in force.	
<p>YOUR COVERAGE IS VALUABLE</p>	
<ul style="list-style-type: none">• This plan will protect you anywhere in the world, 24 hours a day.• Benefits include \$1,000.00 of Accidental Death Insurance if you die within 90 days of a covered accident, from bodily injuries as a direct result of, and from no other cause than from that accident covered by the group policy. Plus, an additional \$500.00 benefit if a covered accident occurs while traveling on official American Legion business.• Beneficiary for No Cost coverage will be the first surviving class of your spouse, children, or estate.	
<p>YOUR COVERAGE IS APPROVED AND ENDORSED</p>	
<ul style="list-style-type: none">• This special \$1,000.00 No Cost benefit is exclusively offered by your Department. It qualifies for complete approval and endorsement.• Your Department has arranged this benefit at No Cost to you because of the need for this type of protection and the recognition that many Members don't have enough protection.	
<p>EXCLUSIONS: suicide; self-inflicted injury while sane or insane; sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof; war or acts of war (declared or undeclared); while serving in the military; flying, except as a fare-paying passenger or a scheduled airline; participation in any speed or endurance contest; bacterial infections.</p>	
<p>This is a brief description of the Accidental Death and Dismemberment coverage. Complete details are contained in LT Policy 102002, form #X39234 (LT). Licensed Resident Agent of Record - Florida: Fred Michael Strunk. This plan may not be available in all states. Offered by: John B. Wigle, Association Group Insurance Administrators.</p>	
<p>Here's all you have to do to get your \$1,000.00 NO COST TO YOU Benefit: 1. Complete the brief Enrollment Activator on the other side. Please sign, date, and provide your date of birth. 2. Detach and place a stamp on the reply card, drop it in the mail today. That's all there is to it!</p>	



OFFICIAL NOTIFICATION FROM YOUR DEPARTMENT

IMPORTANT:

You must complete, sign, and mail this form to receive the \$1,000.00 NO COST TO YOU Accidental Death Benefit. Coverage will be effective through August 31, 2016.

ENROLLMENT ACTIVATOR FOR LEGIONNAIRE:

Official Membership #: _____
Name: _____
Address: _____
City: _____
State/ZIP: _____

Please indicate your DATE OF BIRTH (Coverage cannot begin without your date of birth)

Table with 3 columns: MONTH, DAY, YEAR

Your Department _____ Your Post _____

Yes, I want this \$1,000.00 NO COST TO ME Accidental Death Insurance, underwritten by Life Insurance Company of North America, plus an additional \$500.00 benefit protection for covered accidents that occur while traveling on official American Legion business. I understand I have no obligation to pay for this benefit. My coverage will become effective when my Enrollment Activator is received by the Administrator during my lifetime and terminates on August 31, 2016.

Signature X _____ Today's Date X _____

Email Address: [grid of boxes]