

**Policyholder: Armed Forces Benefit Association** 

A	gent #
INTERN	IAL USE ONLY:
Attachments:	Initials:

## **Enrollment Form** for Non-Renewable \$2,000 One-Year Group Term Life Insurance

Group Affilia	ation								·		Covera	ge Effe	ective D	ate								
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Signed at:													Dat	е								
Applicant's	Signature										Age	nt's S	ignature									

White to 5Star Life Insurance Company Yellow to Applicant

#### Underwritten by

### 5Star Life Insurance Company (a Baton Rouge, LA company)

### Administrative Office:

909 North Washington Street Alexandria, VA 22314 800-776-2322 • www.afba.com





# Enrollment Form for Non–Renewable \$5,000 One–Year Group Term Life Insurance

Group Affiliat	tion										Coveraç	ge Eff	ective D	ate						
Coverage wi	II terminate	one y	ear fr	om ef	fectiv	e dat	e or 60	Oth bi	irthday	, whic	hever co	mes f	first.							
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Male	Fem	ale		Re	latior	nship:		Spo	ouse	_ c	epender	nt Chil	d 🔵	Other:					_	
Signed at:													Da	te						
	Signature _										Age	nt's S	Signature	a a						

White to 5Star Life Insurance Company Yellow to Applicant

