

CareerGuard Professional Liability Insurance **ENROLLMENT FORM**

First Name: _____ Middle Initial: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ E-Mail: _____

Agency: _____ Social Security #: _____

Payment Method (check one): Annual; Semi-Annual; Quarterly; Payroll Deduction*

*** If you choose Payroll Deduction to pay Bi-Weekly, complete the Direct Deposit Sign-Up Form, and submit the Direct Deposit Sign-Up form to your payroll office.**

All other applications should include the first premium payment with the application.

<u>Coverage</u> (Circle A or B)	<u>Annual</u> <u>Payments</u>	<u>Semi-annual</u> <u>Payments</u>	<u>Quarterly</u> <u>Payments</u>	<u>Bi-Weekly</u> <u>Payments</u>
Option A (\$100,000)	\$266.00	\$133.00	\$66.50	\$11.00
Option B (\$200,000)	\$305.00	\$152.50	\$76.25	\$12.00

I hereby apply for coverage under the CareerGuard policy for which I am eligible as an employee of the Federal Government in good standing. I also attest that, as of this date, I have no knowledge of any allegation, claim or suit, or any act, error or omission which might reasonably be expected to result in a claim or suit.

Signature: _____ Date: _____

**To enroll, please print this application, complete and mail with payment to:
Mass Benefits Consultants, Inc., P.O. Box 828, Annandale, VA 22003-0828**