



ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ENROLLMENT FORM

SOCIAL SECURITY NUMBER: XXX-XX-_____ PHONE: _____

MEMBER NAME: _____

AGE: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LODGE NAME: Grand Rapids Fraternal Order of Police

LODGE NUMBER: 97

BENEFICIARY: _____

RELATIONSHIP: _____

DATE: _____ SIGNATURE: _____