

PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM

First Name: _____ Middle Initial _____

Last Name _____

Home Address: _____

City: _____ State: _____ Zip _____

Social Security #: _____ Work Phone: _____ E-Mail: _____

AFGE Local #: _____ Agency: _____

Beneficiary: _____ Relationship: _____

PLEASE INDICATE YOUR PAYMENT SELECTION:

- ANNUAL, SEMI- ANNUAL AND QUARTERLY: **Include the first premium payment with this application.** Coverage begins the first of the month following receipt of application and payment. **Make check payable to: Mass Benefits Consultants, Inc.**
- BI-WEEKLY PAYROLL DEDUCTION:** You must complete a Direct Deposit Sign-Up Form and submit it to your payroll office. Complete this application and visit www.benefitadvisorsgroup.com or call 1.800.236.1154 for details regarding the direct deposit form. In lieu of the form you can go online to your Employee Personal page and start an allotment using the following information: bank routing #056005253; account # 70033307; account type is checking; amount is \$11 for \$100,000 in limits (option A) and \$12 for \$200,000 in limits (option B). Coverage begins the first day of the pay period for which the first deduction is made. **This enrollment form must be mailed to Benefit Advisors Group, Inc., at the address below.**

(Please circle one)	Annual	Semi-annual	Quarterly	Bi-Weekly
Option A (\$100,000 limit)	\$266.00	\$133.00	\$66.50	\$11.00
Option B (\$200,000 limit)	\$305.00	\$152.50	\$76.25	\$12.00

I hereby apply for coverage under the Professional Liability Insurance Policy for which I am eligible as an AFGE member in good standing. I 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: _____

Please mail the completed application to:

*Benefit Advisors Group, Inc.
700 Pilgrim Parkway, Suite 102,
Elm Grove, WI 53122
1.800.236.1154
www.benefitadvisorsgroup.com*

**National Administrator:
Mass Benefits Consultants, Inc.,**

**Underwriter:
Evanston Insurance Company**