



GROUP ENHANCED LIFE (G.E.L.) FAMILY ELECTION FORM
Up to \$300,000 for Spouses and Domestic Partners of Covered Members
\$10,000 or \$20,000 for Dependent Child(ren) Under 26 of Covered Members
Underwritten by Prudential Life Insurance of America for Members of the
American Foreign Service Protective Association

HOW TO ENROLL:

1. Complete all information below.
2. Sign and date the Election Form.
3. Return your Election Form via **Mail: AFSPA 1620 L St. NW, Suite 800, Washington, DC 20036; Secure Fax: 202-775-9082; Secure Email: Use Secure form at www.AFSPA.org/life**

MEMBER INFORMATION

(Please Print):

Name _____ SSN _____

Address _____

City, State, Zip _____ Agency Name: _____

Work Phone (____) _____ Home Phone (____) _____

Email _____ Date of Birth _____

(Please Select Coverage):

\$25,000 Spousal/Domestic Partner Coverage (Guarantee issue; no medical underwriting required.)

Spousal/Domestic Partner Coverage **Desired Coverage Amount: \$** _____
Spouse or domestic partner must complete a * health questionnaire. Minimum coverage is \$50,000. Maximum coverage is \$300,000; may apply in increments of \$25,000, not to exceed 50% of Member's total coverage amount.

\$10,000 Dependent Child(ren) Coverage or **\$20,000 Dependent Child(ren) Coverage**

I hereby request the additional coverage of my spouse, domestic partner and/or dependent child(ren) under age 26 under my Group Enhanced Life (GEL) Term Insurance policy

Date _____ Signature X _____

* Health questionnaire can be downloaded from our Website, www.AFSPA.org/life.