

Applying is easy!

Just follow these simple instructions. *Send no money now.*

Complete the **Enrollment Form** if you are a **new employee** or an **employee** who is enrolling during the initial enrollment period.

TIPS

1. Fill in each section carefully, answering each question completely. If any parts are left blank, we cannot process your enrollment form.

2. Select the **ONE** Daily Maximum Benefit / Lifetime Maximum you prefer **(ONE only)**.

Select the **ONE** Home Based Care Benefit you prefer **(ONE only)**.

Select the Inflation Protection Feature of your choice. Premiums for the plan options are in the enrollment kit.

3. Read and sign Section 4.

4. We may telephone you if we are unsure about any information and are very grateful for your cooperation.

5. Return your application in the enclosed envelope to:

CNA Insurance, P.O. Box 946760, Maitland, FL 32794-9776.

6. We will send your certificate via First Class Mail.

7. Your premiums will be deducted from your paycheck.

Complete the **Short Form Application** if you are an **employee** who is applying after the initial enrollment period or the **spouse** of an employee who is applying at any time.

TIPS

1. Fill in each section carefully, answering each question completely. If any parts are left blank, we cannot process your application.

2. The employee and spouse should complete his or her own application.

3. Select the **ONE** Daily Maximum Benefit / Lifetime Maximum you prefer **(ONE only)**.

Select the **ONE** Home Based Care Benefit you prefer **(ONE only)**.

Select the Inflation Protection Feature of your choice. Premiums for the plan options are in the enrollment kit.

4. **If you are an employee**, complete Sections 1 through 5. Read and sign Sections 4 and 6.

5. **If you are a spouse**, complete Sections 1 through 5. Be sure to include the employee's name, employee ID number, and Social Security Number in Section 3. Then read and sign Section 6. The employee must read and sign Section 4.

6. We will inform you by mail whether you have been accepted. If accepted, we will send your certificate via First Class Mail.

7. Premiums will be deducted from the employee's paycheck.

8. Return your application in the enclosed envelope to:

CNA Insurance, P.O. Box 946760, Maitland, FL 32794-9776.

Questions?

**Just call a CNA Customer Service Representative at
1-800-528-4582**

