

# Secure Family AD&D Enrollment Form

## for members of Alaska USA

**Please complete enrollment form and mail to:**

Alaska USA  
 Insurance Services  
 PO Box 196100  
 Anchorage, AK 99519-6100

**Please check ONE box for coverage type and amount.**

Rates	\$10,000	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
Individual	\$1.20	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00
Joint	\$1.80	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00	\$27.00	\$36.00	\$45.00	\$54.00

**Member Name**

**Mortgage Loan Number**

**Street Address/PO Box Number**

**Apt. Number**

**City**

**State**

**Zip Code**

**Beneficiary**

**Your Date of Birth (mm-dd-yyyy)**

**Relationship**

**Your Phone Number**

I hereby authorize Institution Solutions I, LLC (ISI) to add the appropriate premiums to my monthly mortgage payment. This authorization is to remain valid until ISI has received written notice directly from me of its termination. Further, I accept and understand ISI's Privacy Statement, which is below. I hereby authorize Alaska USA to release any private information, including mortgage loan number or account related non-public information directly to ISI as necessary to process this acceptance form in the event I did not disclose the required information or it is not legible.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Institution Solutions Privacy Policy

Institution Solutions I, LLC (ISI) is required and agrees to maintain the confidentiality of any information provided or obtained by Alaska USA or its accountholders. ISI warrants that all such information will be used solely for the administration of the program(s). ISI further agrees that it will not solicit Alaska USA's accountholders to participate in any other programs sponsored by ISI without the prior written consent and approval of Alaska USA.

ISI will not request or accept any non-public information unless one of the following occurs: A) An accountholder directly provides private account information or B) An accountholder provides authorization in writing to ISI to obtain such private account information directly from Alaska USA. In either situation, ISI agrees to use all information obtained solely for the purpose of administering the approved program(s).