



AUIC

Please enroll me as a member of the Association of United Internet Consumers (AUIC). I will receive a full association kit after receipt of my membership fee. AUIC provides members with many quality benefits and discounts. Your enrollment entitles you to medical air travel assist, accudiet.com, 24 hour emergency roadside assistance, auto, movie discounts, moving discounts, and much more. I understand that my membership fee is \$2 per month. Go to www.AUIC.org for details.

Signature of Applicant _____

Date _____

ENROLLMENT FORM FOR INSURANCE TO UNITED STATES FIRE INSURANCE COMPANY

Billing & Customer Service: SASid, 462 Midland Rd., Janesville WI 53546

1. Primary Insured's Information

Name (Last, First, MI) _____ Date of Birth _____ Social Security No. _____ Age _____ Sex _____

Street Address: _____ MN
(Street, City, State, Zip Code)

Billing Address: _____
(Street, City, State, Zip Code)

Email Address _____ Home Phone No. _____ Work Phone No. _____

a) **Occupation** (circle one): Construction Customer Service Healthcare Entertainment Logging Manufacturing
Mining Office/Clerical Truck/Taxi Driver Other: _____

b) **Are You An Independent Contractor?** Yes No

2. Dependent Information – Complete the following for each dependent to be insured:

Name (Last/First/Middle)	Relationship	Sex	Age	Date of Birth	Social Security No.
	Spouse				
	Child				
	Child				
	Child				
	Child				

3. Beneficiary Information – Complete the following for the Accidental Death & Dismemberment benefit:

Primary Beneficiary: _____ Relationship: _____

Contingent Beneficiary: _____ Relationship: _____

4. Plan Selected:

Initial Premium*: \$ _____

Requested Effective Date: _____

*If you are mailing this application in with payment you will need to include a one time \$10 enrollment fee. If you enroll online then you do not have to include the enrollment fee.

