

Group TRICARE Standard/Extra Supplement Plan Enrollment Form (FOR NY RESIDENTS ONLY)

Underwritten by Transamerica Financial Life Insurance Company, Harrison, NY.

ORGANIZATION: **RAUS (Retired Assn for the Uniformed Services)**

RAUSHOME.COM



Return completed form to the plan administrator: Selman & Company | 6110 Parkland Blvd | Cleveland, OH 44124 | Fax: 800.311.3124

MEMBER INFORMATION

Member's Name		Association ID#	
Date of Birth ____ / ____ / ____		Social Security Number	
Address		City	State Zip
Home Phone ()	Work Phone ()	Email	
Rank and Service		Military Retirement Date ____ / ____ / ____	

DEPENDENT INFORMATION

Spouse Name	Date of Birth ____ / ____ / ____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Child Name	Date of Birth ____ / ____ / ____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Child Name	Date of Birth ____ / ____ / ____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Child Name	Date of Birth ____ / ____ / ____	<input type="checkbox"/> Female <input type="checkbox"/> Male

COVERAGE SELECTION

I have selected my coverage below and I am enclosing a check for \$_____ in payment of my first **quarterly** premium. Check the brochure for the appropriate premium schedule. Remember to complete the Automatic Payment Option Form.

Select the TRICARE Standard/Extra coverage you desire:

Retired Member..... High Option II Retiree Plan

Spouse of Retired Member High Option II Retiree Plan

Each Child of Retired Member High Option II Retiree Plan

Spouse of Active Duty Member Active Duty Family II Plan

Each Child of Active Duty Member Active Duty Family II Plan

I hereby enroll myself and/or my dependents with the Transamerica Financial Life Insurance Company for coverage under the Association TRICARE Supplement Insurance Plan. I understand that I must be a member of the Association and that coverage will become effective on the first day of the month following receipt of this enrollment form and premium.

I understand that any injury or sickness, whether diagnosed or undiagnosed for which any person proposed for coverage has received medical treatment or care within the 6 months immediately preceding their effective date will not be covered until the coverage has been in effect for 6 months. After 6 months from that person's effective date, he or she will become covered regardless of any preexisting conditions he or she may have. I further understand that new conditions will be covered immediately.

NY Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Member Signature ✕ _____ Date ____ / ____ / ____

Spouse Signature ✕ _____ Date ____ / ____ / ____

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RAUS MEMBERSHIP APPLICATION

The Retired Association for the Uniformed Services, Inc.
504 Autumn Springs Court, Suite 8, Franklin, TN 37067-8278
800-321-RAUS Fax 615-790-2210

OFFICE USE ONLY	
Member # _____	
Certificate # _____	

Member Name: _____ / /
 Last Name First Name Initial Social Security # Date of Birth

Spouse Name: _____ / /
 Last Name First Name Initial Social Security # Date of Birth

Address: _____
 Street City State ZIP

Military Data: _____ / / / /
 Branch Rank Service # Military Entry Date Discharge Date Email Address

Check One: Retired Widow(er) TRR Active Duty Military Retirement Date: _____ / /

I hereby request membership in RAUS to take advantage of the member-only association benefits. I have included the initial membership dues and understand that, except for Life Membership, continued membership and benefit enjoyment requires renewal of my membership upon expiration of the initial period.

DUES RATES	Amount
<input type="checkbox"/> 1 year membership	\$15.00
<input type="checkbox"/> 3 year membership	\$37.00
<input type="checkbox"/> 5 year membership	\$60.00
<input type="checkbox"/> Life memberships are based on age. (See below)	

Date _____ Phone: _____ Signed: _____

Life Membership

AGE RANGE	40 or less	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	70 and up
LIFE DUES	\$325	\$300	\$275	\$250	\$225	\$200	\$175	\$100

THE RAUS ASSOCIATION

RAUS is a non-political military association organized in 1970 to secure quality benefits for its members at rates only available to groups. Qualified retired and active members of the United States armed forces and related departments may join RAUS by making application and paying the membership dues. Association benefits are available to all members, their spouses and eligible dependents. The various association benefits are designed for the needs of the general membership and therefore will change from time to time. The association objective is to always provide membership benefits as follows: newsletter; insurance products; discount buying and travel services; credit cards; other products and services as deemed feasible.

WHO MAY JOIN THE ASSOCIATION?

Both Retired and Active duty military personnel may join the Association. All military branches and military ranks are eligible. Membership and benefits are available to:

- 1. military members
- 2. military spouse
- 3. members dependents
- 4. widows
- 5. widowers
- 6. former spouse

AIR FORCE ARMY MARINES NAVY	COAST GUARD COSTAL & GEODETIC SURVEY PUBLIC HEALTH SERVICE NATIONAL GUARD	CIVIL AIR PATROL NOAA ACTIVE & RETIRED OFFICER & ENLISTED
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Write two checks--one check for your premium payable to SelmanCo, and one for your dues payable to RAUS. Mail membership application and enrollment forms with your checks for dues and premium to:

RAUS
504 Autumn Springs Court, Suite 8
Franklin, TN 37067-8278
1-800-321-RAUS (7287)