



HMTCCMA
 930 Custer Ave Atlanta, GA 30316
 (678) 787-2596 sic@hmtcc.org

Security Interment Coverage (SIC)
 Enrollment Application (\$30 fee)

1. \$30 Application fee is non-refundable
2. HMTCCMA does not discriminate on the basis of religion, color, sex, disability, veteran status, or age.
3. 1/3 (one-third) of the premium is due with the application and the remaining is due within 2 months.

First Name: _____		Last Name: _____	
Address: _____ City: _____ State: _____ Zip: _____		(DOB)Date of Birth: ____ / ____ / ____ MM DD YYYY	
Home Phone No: _____ - _____ - _____ Cell Phone No: _____ - _____ - _____ Email Address: _____		Social Security No: _____ - _____ - _____ <i>(Haiti) NIF:</i> _____	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	ID #: DL <input type="checkbox"/> _____ <input type="checkbox"/> PsPort _____		
Check the premium wanted:		Ages 16 - 30 years old:	\$ 200 annually <input type="checkbox"/>
		Ages 31 - 64 years old:	\$ 300 annually <input type="checkbox"/>
		Ages 65 + years old:	\$ 400 annually <input type="checkbox"/>

Name of Beneficiary	Social Security No.	Relation	DOB	Address	Phone

Signature: _____ Date: _____

Disclaimer:

By signing this I certify that all the information provided is both complete and true to the best of my knowledge and belief. A claim can be compensated only if the premium is paid in full and after the affective date that HMTCCMA has set for business. Any false information will terminate the contract, deny the benefit and your premium is non-refundable. I certify that I read all the following terms and conditions. Beneficiary shall be immediate family, unless otherwise listed above. Furthermore, if neither listed beneficiary is available, the church will automatic beneficiary.