



If you have questions about the benefits provided by this coverage, please contact us at 1-888-683-3682.

***NOTICE: 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 \$5,000 and the stated value of the claim for each such violation.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

The information provided above is true and correct to the best of my knowledge and belief.

Please send Completed Enrollment Form to:  
ProBenefits Administrators  
100 Corporate Pkwy, Suite 334  
Amherst, NY 14226  
Tel. 1-888-683-3682  
Fax: 716.831.8080  
Email: [pbaenrollments@probenefitsadmin.com](mailto:pbaenrollments@probenefitsadmin.com)