



TO: Board Members
FROM: E. Lander Medlin, Executive Vice President
SUBJECT: Travel Insurance
DATE: January, 2020

APPA provides travel insurance on the lives of APPA Board members while traveling on APPA business. (Principal Sum for Board Members - \$150,000 up to age 70; Principal Sum for Spouses \$100,000).

Please insert the complete name and address of your desired beneficiary below for our records.

Thank you for your immediate attention.

*The insurance company has recommended to us that we should maintain beneficiary information on each Board member.**

Board Member Name: _____

Beneficiary Name: _____

Address: _____

Phone: _____

Relationship to Board Member: _____

Signature _____

Print Name _____

Address _____

*Complete form and/or notify us of any changes and return to APPA: **Holly Judd**, holly@appa.org or mail to: **Holly Judd, 1643 Prince Street-Alexandria, VA 22314**