

Legionnaire Insurance Trust Form Free Accidental Death and Dismemberment Insurance

First Name	Middle Initial	Last Name
Mailing Address:		
(Street or P.O. Box)	(Town)	(State) (Zip Code)
Date of Birth:		
	(Month Day Year)	
Legion Membership Number:		
Email Address:		
Gender (Male or Female):		
To register for AD&D benefit of LIT, please complete this form and mail to: The American Legion, Department of Maine 5 Verti Drive, Winslow, ME 04901-0727		

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