

No Insurance Acknowledgement Certification

I, _____, acknowledge and certify that I understand that due to being 80 years of age or over, I am no longer eligible for any coverage through the CPRA's member AD&D (Accidental Death & Dismemberment) policy.

Furthermore, I also acknowledge that my signed assumption of risk document on my 2024 CPRA membership form is still in effect.

Member Name:	CPRA Representative:
Member Signature: X	CPRA Rep Signature: X
Witness Name:	Witness Name:
Witness Signature: X	Witness Signature: X
Date:	Date: