

**GROUP INFORMATION**

Sponsor Name <b>Association of Insurance Professionals (AIP) – New Colonial Representative</b>	Policy Number: <b>585686</b>
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**MEMBER INFORMATION**

Member Name	SS #	Date of Hire
Street Address	City/State/Zip	
DOB	<input type="checkbox"/> Male    E-mail <input type="checkbox"/> Female	Work Phone      Home Phone
Spouse Name (If Applicable)	Spouse Social Security #	Spouse DOB

**BASIC LIFE**

Colonial Life provides \$10,000 of Term Life at no cost to the AIP member.

**Please return this form with the beneficiary section completed even if only electing Basic.**

**BASIC, SUPPLEMENTAL LIFE BENEFICIARY DESIGNATION**

List the person(s) you would like to be the beneficiary(ies) of your Life Insurance coverage(s). If you need to list additional beneficiaries, please attach a separate sheet.

**Primary Beneficiary** – Note: Benefit percentages must total 100% for all Primary beneficiaries.

Full Name	Relationship to You	Benefit %
Full Name	Relationship to You	Benefit %

**Secondary Beneficiary** – If primary beneficiaries are not living.

Full Name	Relationship to You	Benefit %
Full Name	Relationship to You	Benefit %

**SUPPLEMENTAL LIFE - MEMBER**

**\*This plan requires that additional health questions be answered before coverage for all late enrollees.**

Increments of \$10,000 to a maximum of \$100,000 <b>Guarantee Issue up to = \$10,000</b> (See attached rate page for monthly premiums)	Term Life Coverage Provided By Colonial Life (agent only)      \$ 10,000      \$ N/C  Additional Life Amount Requested:      \$ _____      \$ _____
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**SUPPLEMENTAL DEPENDENT LIFE - MEMBER**

Increments of \$5,000 to a maximum of \$50,000 (over \$25K will require underwriting) not to exceed 50% of the members amount. <b>Guarantee Issue up to = \$25,000</b> (Max 1st year enrollees)	Life Amount Requested:      \$ _____      \$ _____
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**SUPPLEMENTAL DEPENDENT LIFE INSURANCE - CHILD**

Increments of \$2,500 to a maximum of \$10,000 (Live birth to 6 months - \$1,000) <b>Coverage good to age 19 or 24 if a full time student</b>	Life Amount Requested:      \$ _____      \$ _____
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**LIMITATIONS AND EXCLUSIONS**

**DELAYED EFFECTIVE DATE – MEMBER:** Insurance will be delayed for members not in active employment until the first of the month, coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment. **DEPENDENTS –** Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer totally disabled. This delay does not apply to newborn children while dependent insurance is in effect.

**EXCLUSION FOR SUICIDE – WHERE THE CAUSE OF DEATH IS SUICIDE:** 1) No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date of insurance; and 2) No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.

**AD&D BENEFIT EXCLUSIONS**

AD&D benefits would not be paid for losses caused by, contributed to by, or resulting from: • Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders; • Suicide, self-destruction while sane, or self-inflicted injury; • War, declared or undeclared, or any act of war; • Active participation in a riot; • Attempt to commit or commission of a crime under state or federal law; • The voluntary use of any prescription or non-prescription drug, poison, fume or any other chemical substance unless used according to the prescription or the direction of the individual's doctor. This exclusion does not apply to the individual if the chemical substance is ethanol; or • Operating any motorized vehicle while intoxicated. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state where the accident occurred).

**CERTIFICATION:** I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available at my request. I have read and understand the information about delayed effective dates and exclusions. I authorize the plan administrator to make the necessary deductions.

**Note: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files an application for insurance or statement of claim containing any materially false or incomplete information or conceals for the purpose of misleading information concerning any fact material thereto, is guilty of a felony of the third degree, and subjects such person to criminal and civil penalties.**

Signature:	Date:
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(rates on reverse side)

## UNUM Term Life and Accidental Death & Dismemberment Rates\*\*

Guarantee Issue = \$140K

New Agent Maximum purchase = \$140,000

### Members/Spouse - Monthly Premiums

**Optional Term Life** - Minimum of \$10,000 to a maximum of \$140,000 **Guarantee Issue = \$10,000 Colonial paid & \$140,000 GI = \$100K GI**

Age Band	\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$75,000	\$80,000	\$90,000
<b>0-29</b>	\$ 0.90	\$ 1.80	\$ 2.25	\$ 2.70	\$ 3.60	\$ 4.50	\$ 5.40	\$ 6.30	\$ 6.75	\$ 7.20	\$ 8.10
<b>30-34</b>	\$ 1.10	\$ 2.20	\$ 2.75	\$ 3.30	\$ 4.40	\$ 5.50	\$ 6.60	\$ 7.70	\$ 8.25	\$ 8.80	\$ 9.90
<b>35-39</b>	\$ 1.50	\$ 3.00	\$ 3.75	\$ 4.50	\$ 6.00	\$ 7.50	\$ 9.00	\$ 10.50	\$ 11.25	\$ 12.00	\$ 13.50
<b>40-44</b>	\$ 2.40	\$ 4.80	\$ 6.00	\$ 7.20	\$ 9.60	\$ 12.00	\$ 14.40	\$ 16.80	\$ 18.00	\$ 19.20	\$ 21.60
<b>45-49</b>	\$ 3.90	\$ 7.80	\$ 9.75	\$ 11.70	\$ 15.60	\$ 19.50	\$ 23.40	\$ 27.30	\$ 29.25	\$ 31.20	\$ 35.10
<b>50-54</b>	\$ 6.60	\$ 13.20	\$ 16.50	\$ 19.80	\$ 26.40	\$ 33.00	\$ 39.60	\$ 46.20	\$ 49.50	\$ 52.80	\$ 59.40
<b>55-59</b>	\$ 11.00	\$ 22.00	\$ 27.50	\$ 33.00	\$ 44.00	\$ 55.00	\$ 66.00	\$ 77.00	\$ 82.50	\$ 88.00	\$ 99.00
<b>60-64</b>	\$ 13.60	\$ 27.20	\$ 34.00	\$ 40.80	\$ 54.40	\$ 68.00	\$ 81.60	\$ 95.20	\$ 102.00	\$ 108.80	\$ 122.40
<b>65-69</b>	\$ 23.40	\$ 46.80	\$ 58.50	\$ 70.20	\$ 93.60	\$ 117.00	\$ 140.40	\$ 163.80	\$ 175.50	\$ 187.20	\$ 210.60
<b>70-74</b>	\$ 38.00	\$ 76.00	\$ 95.00	\$ 114.00	\$ 152.00	\$ 190.00	\$ 228.00	\$ 266.00	\$ 285.00	\$ 304.00	\$ 342.00
<b>75-99</b>	\$ 58.70	\$ 117.40	\$ 146.75	\$ 176.10	\$ 234.80	\$ 293.50	\$ 352.20	\$ 410.90	\$ 440.25	\$ 469.60	\$ 528.30

Eligible Child(ren) Rate = \$0.80/mo. per \$2,500 of coverage which covers all eligible children (maximum = \$10,000)

**\*Over \$90,000, add**

NO GI for members over 70 years of age

**\$50,000 to calculate**

Premium is calculated by individual's year of birth

**premium**

### Optional AD&D - Monthly Premiums - amounts over \$150,000 cannot exceed 10x annual income

Amounts	Member Only	Member & Family*
\$50,000	\$1.50	\$2.00
\$100,000	\$3.00	\$4.00
\$150,000	\$4.50	\$6.00
\$200,000	\$6.00	\$8.00
\$250,000	\$7.50	\$10.00
\$300,000	\$9.00	\$12.00
\$350,000	\$10.50	\$14.00
\$400,000	\$12.00	\$16.00
\$450,000	\$13.50	\$18.00
\$500,000	\$15.00	\$20.00

\*If you have a spouse with no eligible dependent children

- spouse benefit = 50%

\*If you have dependent children and no spouse

- child(ren) benefit = 15%

\*If you have spouse and dependent children -

spouse benefit = 40% / Child(ren) = 10%

**Rates Effective 05/01/2018**