

## APPLICANT INFORMATION



Member Name:

Address:

City:

State:

ZIP:

Phone:

E-mail:

Date of Birth:

SS#:

Gender:  Male  Female

Do you wish to cover eligible dependents?  Yes  No

**NAME:**

Spouse:

**DATE OF BIRTH:**

Child:



Child:



Child:



## SELECT YOUR COVERAGE & PAYMENT OPTIONS

Effective Date:

Desired Coverage:  Member  Member +1  Member +Family

Pay: **Annually via:**  Credit Card  Check

**Monthly via:**  Credit Card  Bank Draft (Attached voided check)

Credit Card #:

Card Holder Name:

Expiration Date:

I hereby apply for coverage under the AIP vision plan for which I am entitled to participate. I authorize the deduction(s) as indicated above. I agree that once enrolled I will remain enrolled during the designated plan period, and that future renewals will be automatic unless I inform AIP in writing.

Member Signature:

Date:

## COVERAGE OPTIONS AND RATES

Coverage Type	Monthly Rate	One time set up fee	
Member	\$8.82	\$20.00	
Member + 1	\$15.44	\$20.00	
Member + Family	\$22.95	\$20.00	
Effective Date	Member	Member + 1	Member + Family
5/1/2011	\$105.84	\$185.28	\$275.40
6/1/2011	\$97.02	\$169.84	\$252.45
7/1/2011	\$88.20	\$154.40	\$229.50
8/1/2011	\$79.38	\$138.96	\$206.55
9/1/2011	\$70.56	\$123.52	\$183.60
10/1/2011	\$61.74	\$108.08	\$160.65
11/1/2011	\$52.92	\$92.64	\$137.70
12/1/2011	\$44.10	\$77.20	\$114.75
1/1/2012	\$35.28	\$61.76	\$91.80
2/1/2012	\$26.46	\$46.32	\$68.85
3/1/2012	\$17.64	\$30.88	\$45.90
4/1/2012	\$8.82	\$15.44	\$22.95

There is an additional one time set up fee of \$20.00.



ASSOCIATION OF  
INSURANCE PROFESSIONALS

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Group Number: 20790-1159 • Plan Number: 924