

# UNUM Term Life & Instructions

1. Member verify and complete this section as applicable

2. Provide Beneficiary information in this section

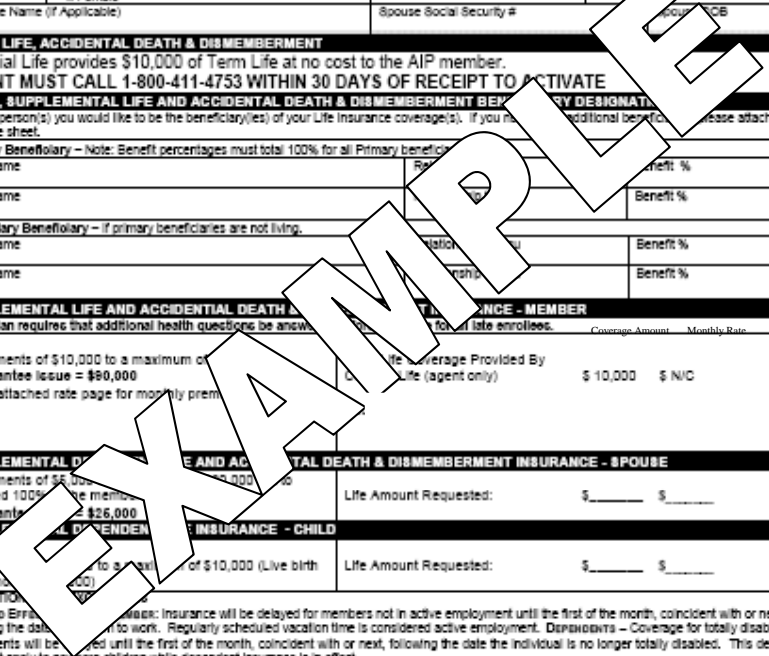
3. Member, Select additional buy-up amounts. GI is 90K.

5. Use this section for Spouse buy-up. GI is 25K

6. Use this section for Child coverage max buy-up is 10K

7. Don't Forget to Sign & Date

GROUP INFORMATION		
Sponsor Name Association of Insurance Professionals (AIP) – New Colonial Representative		Policy Number: 585686
MEMBER INFORMATION		
Member Name	SS #	Date of Hire
Street Address		City/State/Zip
DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail
Spouse Name (if Applicable)		Spouse Social Security #
Work Phone		Home Phone
<b>BASIC LIFE, ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>		
Colonial Life provides \$10,000 of Term Life at no cost to the AIP member. <b>AGENT MUST CALL 1-800-411-4753 WITHIN 30 DAYS OF RECEIPT TO ACTIVATE</b>		
<b>BASIC, SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH &amp; DISMEMBERMENT BENEFIT PRIMARY DESIGNATION</b>		
List the person(s) you would like to be the beneficiary(ies) of your Life Insurance coverage(s). If you have additional beneficiaries, please attach a separate sheet.		
Primary Beneficiary – Note: Benefit percentages must total 100% for all Primary beneficiaries		
Full Name	Benefit %	
Full Name	Benefit %	
Secondary Beneficiary – if primary beneficiaries are not living.		
Full Name	Benefit %	
Full Name	Benefit %	
SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE - MEMBER		
*This plan requires that additional health questions be answered for all late enrollees. Coverage Amount Monthly Rate		
Increments of \$10,000 to a maximum of \$90,000 Guarantee Issue = \$90,000 (See attached rate page for monthly premium)	Life Coverage Provided By Life (agent only)	\$ 10,000 \$ NIC
SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE - SPOUSE		
Increments of \$5,000 to a maximum of \$25,000 Guarantee Issue = \$25,000	Life Amount Requested:	\$ _____ \$ _____
SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE - CHILD		
Increments of \$5,000 to a maximum of \$10,000 (Live birth to 6 months of age)	Life Amount Requested:	\$ _____ \$ _____
<p><b>LIMITATIONS</b></p> <p><b>DELAYED EFFECTIVE DATE:</b> Insurance will be delayed for members not in active employment until the first of the month, coincident with or next, following the date the member returns to work. Regularly scheduled vacation time is considered active employment. <b>DEPENDENTS</b> – Coverage for totally disabled dependents will be provided 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.</p> <p><b>EXCLUSION FOR SUICIDE – WHERE THE CAUSE OF DEATH IS SUICIDE:</b> 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.</p> <p><b>AD&amp;D BENEFIT EXCLUSIONS</b></p> <p>AD&amp;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).</p> <p><b>CERTIFICATION:</b> 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.</p> <p><b>Note:</b> 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.</p>		
Signature:	Date:	



(rates on reverse side)

8. If you wish to purchase coverage for your spouse, you must purchase the equal amount of term life insurance for yourself.

**Example:** If you wanted 10K in term for your spouse, you must purchase 10K in term life. This does not include the amounts that Colonial provides for you.

9. If you wish to purchase coverage that exceeds the Guarantee issue amount, we will send you an additional application to complete for the underwriting portion.

*(Over for Payment Method Form Instructions)*

# AIP Payment Method Form Instructions



## PAYMENT METHOD FORM

1. Member Complete name

Please Print Name \_\_\_\_\_

2. Select Payment Frequency, Select Payment Method. *If selecting annual payment, call AIP to determine the correct premium amount.*

**Payment Frequency / Method**

Monthly     Credit Card     Bank Draft     Annual Credit Card  
 Annual Bank Draft     Annual Personal Check

Minimum Monthly Charge = \$5.00

**For Payment By Credit Card Or Bank Draft Please Complete The Following:**

3. Complete Payment information, Credit Card or Bank Draft

**Payment by credit card**  
 Discover     Visa     MasterCard     American Express  
 Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For ALL Annual payments.** Initial premium will be drafted for application once processed and approved. Payment authorization for subsequent renewals of this policy shall be automatic and shall remain in force until revoked by written notification to AIP from me or my payment institution.

**Automatic Checking Deduction (Bank draft, EFT)**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**For ALL monthly payments.** Initial premium will be drafted for application once processed and approved. Subsequent monthly payments will be deducted the last Monday of each month for the following month. Payment authorization for subsequent renewals of this policy shall be automatic and shall remain in force until revoked by written notification to AIP from me or my payment institution.

A \$20.00 fee will be charged for all checks, EFT, credit cards)

Attach annual payment or voided check here

4. This section will be completed at AIP.

**FOR OFFICE USE ONLY**

<b>Underwriting</b> Member: M \$ _____ A \$ _____ Eff Date: _____ Acct: _____ Date: _____ Spouse: M \$ _____ A \$ _____ Eff Date: _____ Acct: _____ Date: _____ TOTAL W/ UW: M \$ _____ A \$ _____ AG YOB _____ SP YOB _____		<b>AD&amp;D</b> Member: M \$ _____ A \$ _____ Family: M \$ _____ A \$ _____ Eff Date: _____  <b>LTD</b> <input type="checkbox"/> LTD Eligible <input type="checkbox"/> Accepted Buy Up M \$ _____ A \$ _____ AIP: _____ Date: _____ Acct: _____ Date: _____
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5. Make sure to attach a voided check if using a bank draft

**Please call AIP for additional information or assistance at 1-800-411-4753**