

## 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          | \$11.45      | \$20.00             |
| Member + 1      | \$20.03      | \$20.00             |
| Member + Family | \$29.79      | \$20.00             |

  

| Effective Date | Member   | Member + 1 | Member + Family |
|----------------|----------|------------|-----------------|
| 5/1/2018       | \$137.40 | \$240.36   | \$357.48        |
| 6/1/2018       | \$125.95 | \$220.33   | \$327.69        |
| 7/1/2018       | \$114.50 | \$200.30   | \$297.90        |
| 8/1/2018       | \$103.05 | \$180.27   | \$268.11        |
| 9/1/2018       | \$91.60  | \$160.24   | \$238.32        |
| 10/1/2018      | \$80.15  | \$140.21   | \$208.53        |
| 11/1/2018      | \$68.70  | \$120.18   | \$178.74        |
| 12/1/2018      | \$57.25  | \$100.15   | \$148.95        |
| 1/1/2019       | \$45.80  | \$80.12    | \$119.16        |
| 2/1/2019       | \$34.35  | \$60.09    | \$89.37         |
| 3/1/2019       | \$22.90  | \$40.06    | \$59.58         |
| 4/1/2019       | \$11.45  | \$20.03    | \$29.79         |

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



ASSOCIATION OF INSURANCE PROFESSIONALS

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