



ACCIDENT & HEALTH



ASSOCIATION OF INSURANCE PROFESSIONALS

**Enrollment Form - AD&D APPLICATION ONLY**

Voluntary Accident Election of Coverage

Policyholder: THE ASSOCIATION OF INSURANCE PROFESSIONALS

Policy No.: 9907-22-73

Agent Information:

_____	_____	_____	_____
Last Name	First Name	Middle Name	Social Security #

_____	_____	_____
Beneficiary Name	Relationship	Social Security #

Plan Choice: (please check one)       Member    Member & Family

Coverage Amount Desired: \_\_\_\_\_

**AD&D Coverage ONLY**    *\*\*\*New Agents are restricted to \$150,000.00 for the first year then max out at 10 times Colonial Life income up to \$500,000.00\*\*\**

Your Signature \_\_\_\_\_

Upon completion, please submit to AIP for processing along with your payment method form. This application may be submitted in conjunction with your term life application.

You may **Fax** your application to **1-800-411-4771**

You may **Mail** your application to:

**AIP**  
**8430 Enterprise Circle Ste 200**  
**Lakewood Ranch, FL 34202**

Please contact a AIP representative at 1-800-411-4753 with any questions or concerns.

For additional information please visit [www.aip-benefits.org/benefits/career-agents](http://www.aip-benefits.org/benefits/career-agents)

## 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**