



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

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
0-29	\$ 0.90	\$ 1.80	\$ 2.25	\$ 2.70	\$ 3.60	\$ 4.50	\$ 5.40	\$ 6.30	\$ 6.75	\$ 7.20	\$ 8.10
30-34	\$ 1.10	\$ 2.20	\$ 2.75	\$ 3.30	\$ 4.40	\$ 5.50	\$ 6.60	\$ 7.70	\$ 8.25	\$ 8.80	\$ 9.90
35-39	\$ 1.50	\$ 3.00	\$ 3.75	\$ 4.50	\$ 6.00	\$ 7.50	\$ 9.00	\$ 10.50	\$ 11.25	\$ 12.00	\$ 13.50
40-44	\$ 2.40	\$ 4.80	\$ 6.00	\$ 7.20	\$ 9.60	\$ 12.00	\$ 14.40	\$ 16.80	\$ 18.00	\$ 19.20	\$ 21.60
45-49	\$ 3.90	\$ 7.80	\$ 9.75	\$ 11.70	\$ 15.60	\$ 19.50	\$ 23.40	\$ 27.30	\$ 29.25	\$ 31.20	\$ 35.10
50-54	\$ 6.60	\$ 13.20	\$ 16.50	\$ 19.80	\$ 26.40	\$ 33.00	\$ 39.60	\$ 46.20	\$ 49.50	\$ 52.80	\$ 59.40
55-59	\$ 11.00	\$ 22.00	\$ 27.50	\$ 33.00	\$ 44.00	\$ 55.00	\$ 66.00	\$ 77.00	\$ 82.50	\$ 88.00	\$ 99.00
60-64	\$ 13.60	\$ 27.20	\$ 34.00	\$ 40.80	\$ 54.40	\$ 68.00	\$ 81.60	\$ 95.20	\$ 102.00	\$ 108.80	\$ 122.40
65-69	\$ 23.40	\$ 46.80	\$ 58.50	\$ 70.20	\$ 93.60	\$ 117.00	\$ 140.40	\$ 163.80	\$ 175.50	\$ 187.20	\$ 210.60
70-74	\$ 38.00	\$ 76.00	\$ 95.00	\$ 114.00	\$ 152.00	\$ 190.00	\$ 228.00	\$ 266.00	\$ 285.00	\$ 304.00	\$ 342.00
75-99	\$ 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 05/01/2020



PAYMENT METHOD FORM

Please Print Name _____

Payment Frequency

Monthly
 Annual

Minimum Monthly Charge is \$5.00

Payment Method:

Credit Card
 EFT

For Payment By Credit Card

Payment by Credit Card

We will contact you once you have been entered into our system for credit card information. Please sign below to authorize us obtaining your credit card information.
 Signature: _____ Date: _____

For ALL Annual Payments. Premium will be charged for the application once it is processed and approved.
For ALL Monthly Payments. Initial premium will be charged for the application once it is processed and approved. Subsequent monthly premiums will be drafted on the 1st business day of each month.
 Payment authorization for subsequent renewal of this policy shall be automatic and shall remain in force until revoked by written notification to AIP from me or my payment institution.

Payment by Automatic Checking Deduction (Bank Draft, EFT)

Signature: _____ Date: _____

For ALL Annual Payments. Premium will be charged for the application once it is processed and approved.
For ALL Monthly Payments. Initial premium will be drafted for the application once it is processed and approved. Subsequent monthly premiums will be drafted on the 1st business day of each month.
 Payment authorization for subsequent renewal of this policy shall be automatic and shall remain in force until revoked by written notification to AIP from me or my payment institution.

Attach annual payment or voided check here

A \$20.00 fee will be charged for non sufficient funds processing
When completed, Please return this form to AIP for processing
AIP 8430 Enterprise Circle Ste 200 Lakewood Ranch, FL 34202
Phone: 800-411-4753 Fax: 800-411-4771

Please note Applications received before the 15th of the month will have an effective date of the first of the current month.

<u>GI Term Life</u>			<u>AD&D</u>		
Member	M\$ _____	A\$ _____	Member	M\$ _____	A\$ _____
Spouse	M\$ _____	A\$ _____	Family	M\$ _____	A\$ _____
Child:	M\$ _____	A\$ _____	Eff Date:	_____	
TOTAL:	M\$ _____	A\$ _____	<u>Underwriting</u>		
Eff Date:	_____		Member	M\$ _____	A\$ _____
AIP:	_____	Date: _____	Spouse	M\$ _____	A\$ _____
Acct:	_____	Date: _____	Child	M\$ _____	A\$ _____
AG YOB	_____	SP YOB	_____	Eff Date:	_____