



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
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 05/01/2019**



# 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 1<sup>st</sup> 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 1<sup>st</sup> 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 15<sup>th</sup> of the month will have an effective date of the first of the current month.**

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