

Enrollment Form - Accidental Death & Dismemberment (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 NUMBER

BENEFICIARY FULL NAME RELATIONSHIP SOCIAL SECURITY NUMBER

Plan Choice (check one): [] Member [] Member & Family

Coverage Amount Desired: _____

FOR AD&D COVERAGE ONLY NOTE: New agents are restricted to \$150,000.00 for the first year then max out at 10 times their Colonial Life income up to \$500,000.

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 Insurance application.

You may fax your application to 800-411-4771

Alternatively, you may mail your application to:

AIP
8430 Enterprise Circle Ste 200
Lakewood Ranch, FL 34202

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

For additional information, please visit AIP-Benefits.org/benefits/career-agents.

*NOTICE: Coverage cannot be offered in the following states: Arkansas, Indiana, Maine, Maryland, North Carolina, Oregon and South Dakota

[] I acknowledge that I have read the full policy details and list of exclusions.

Member Signature: _____ Date: _____

TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT RATES

Rates Effective January 1, 2021

UNUM TERM LIFE INSURANCE MONTHLY RATES

Age	Rate Per \$10,000	\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000
Under 30	\$0.090	\$0.90	\$1.80	\$2.25	\$2.70	\$3.60	\$4.50	\$5.40	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00	\$9.90	\$10.80	\$11.70	\$12.60	\$13.50
30-34	\$0.113	\$1.13	\$2.26	\$2.83	\$3.39	\$4.52	\$5.65	\$6.78	\$6.78	\$7.91	\$9.04	\$10.17	\$11.30	\$12.43	\$13.56	\$14.69	\$15.82	\$16.95
35-39	\$0.150	\$1.50	\$3.00	\$3.75	\$4.50	\$6.00	\$7.50	\$9.00	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00	\$16.50	\$18.00	\$19.50	\$21.00	\$22.50
40-44	\$0.245	\$2.45	\$4.90	\$6.13	\$7.35	\$9.80	\$12.25	\$14.70	\$14.70	\$17.15	\$19.60	\$22.05	\$24.50	\$26.95	\$29.40	\$31.85	\$34.30	\$36.75
45-49	\$0.391	\$3.91	\$7.82	\$9.78	\$11.73	\$15.64	\$19.55	\$23.46	\$23.46	\$27.37	\$31.28	\$35.19	\$39.10	\$43.01	\$46.92	\$50.83	\$54.74	\$58.65
50-54	\$0.660	\$6.60	\$13.20	\$16.50	\$19.80	\$26.40	\$33.00	\$39.60	\$39.60	\$46.20	\$52.80	\$59.40	\$66.00	\$72.60	\$79.20	\$85.80	\$92.40	\$99.00
55-59	\$1.108	\$11.08	\$22.16	\$27.70	\$33.24	\$44.32	\$55.40	\$66.48	\$66.48	\$77.56	\$88.64	\$99.72	\$110.80	\$121.88	\$132.96	\$144.04	\$155.12	\$166.20
60-64	\$1.360	\$13.60	\$27.20	\$34.00	\$40.80	\$54.40	\$68.00	\$81.60	\$81.60	\$95.20	\$108.80	\$122.40	\$136.00	\$149.60	\$163.20	\$176.80	\$190.40	\$204.00
65-69	\$2.340	\$23.40	\$46.80	\$58.50	\$70.20	\$93.60	\$117.00	\$140.40	\$140.40	\$163.80	\$187.20	\$210.60	\$234.00	\$257.40	\$280.80	\$304.20	\$327.60	\$351.00
70-74	\$3.800	\$38.00	\$76.00	\$95.00	\$114.00	\$152.00	\$190.00	\$228.00	\$228.00	\$266.00	\$304.00	\$342.00	\$380.00	\$418.00	\$456.00	\$494.00	\$532.00	\$570.00
75+	\$5.870	\$58.70	\$117.40	\$146.75	\$176.10	\$234.80	\$293.50	\$352.20	\$352.20	\$410.90	\$469.60	\$528.30	\$587.00	\$645.70	\$704.40	\$763.10	\$821.80	\$880.50

CHILD MONTHLY RATES

Child monthly rate is \$0.80 per \$2,500.
One premium covers all eligible children.

Amount	Rate
\$2,500	\$0.80
\$5,000	\$1.60
\$7,500	\$2.40
\$10,000	\$3.20

COVERAGE AMOUNTS WILL REDUCE ACCORDING TO THE FOLLOWING SCHEDULE

Coverage may not be increased after a reduction.
No guaranteed issue for members over age 70.

Age	Insurance amount reduces to
70	65% of original amount
75	50% of original amount
80	35% of original amount
85	25% of original amount

CHUBB ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) MONTHLY RATES

Amounts over \$150,000 cannot exceed 10X member's annual income.

Class	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
Member only	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
Member & Family*	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$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 a spouse and dependent children: spouse benefit = 40% | child(ren) = 10%



PAYMENT METHOD FORM



1

PRINT NAME _____

2

PAYMENT FREQUENCY

- Monthly
 Annual

PAYMENT METHOD

- Credit Card
 Checkings/Savings (EFT)

3

FOR 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 first 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.

FOR PAYMENT BY AUTOMATIC DEDUCTION (BANK DRAFT, EFT, CHECKINGS/SAVINGS)

Attach your annual payment or voided check for monthly payments here.

Please sign below to authorize the charge of annual payment OR to use the voided check to acquire banking information for monthly payments:

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 first 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.

When completed, please return this form to AIP via mail or fax for processing:

8430 ENTERPRISE CIRCLE STE 200
LAKEWOOD RANCH, FL 34202

FAX: 800-411-4771

TERM LIFE INSURANCE

MEMBER M\$ _____ A\$ _____

SPOUSE M\$ _____ A\$ _____

CHILD M\$ _____ A\$ _____

TOTAL M\$ _____ A\$ _____

EFF DATE _____

AIP _____ DATE _____

ACCT _____ DATE _____

AG YOB _____ SP YOB _____

AD&D

MEMBER M\$ _____ A\$ _____

FAMILY M\$ _____ A\$ _____

EFF DATE _____

UNDERWRITING

MEMBER M\$ _____ A\$ _____

SPOUSE M\$ _____ A\$ _____

CHILD M\$ _____ A\$ _____

EFF DATE _____