

New AFT Member \$5,000¹ Life Insurance Enrollment form with no premium payment required²

To Enroll, Please Complete and Return to:
AFT + Insurance Programs
P.O. Box 47060
Phoenix, AZ 85068-9963



The American Federation of Teachers provides this \$5,000 Group Term Life Insurance with no premium payment required for one year as a benefit to your new AFT membership.



Underwritten by:
Metropolitan Life Insurance Co.
200 Park Ave., New York, NY

Please print in INK. Do not erase or use correction fluid. To correct, cross out and initial/date changes. Answer all questions, then sign the Agreement and Authorization below.

1. Member Information

1. Member's Name:

2. Street Address:

3. City: State: Zip:

4. Member SSN: - - 5. Email Address:³

6. Birth Date: / / 7. Home Phone No.: () - 8. Cell Phone No.: () -

9. I am a new member within the past 12 months I am actively at work

10. Beneficiary's Name:

11. Relationship to Member:

Yes, I elect \$5,000 of Group Term Life Insurance which is available to me with no premium payment for the first year of my AFT membership. I want to be covered under the group plan for the benefits which I am or may become eligible for, as requested below.

AFT INFORMATION - All sections must be completed.

AFT Local Union Name:

AFT Local Union No.: AFT Membership Date: / /

3. Authorization and Signature

You must complete, sign and return this form in order to become insured for the \$5,000 of Group Term Life Insurance being offered here. In no event will you be eligible for this coverage beyond 12 months from your AFT membership date.

I hereby certify that all statements and answers in this form are full, complete, and true to the best of my knowledge and belief. I understand that to be eligible for coverage I must be a new AFT member, actively working, and not currently insured under the Group Term Life Insurance plan for AFT members. I understand that my coverage will be effective on the first day of the month following the date this application is signed and received by the Administrator.

¹The \$5,000 Coverage will be reduced by 50% at age 65 and by 75% at age 70.

²A portion of the premium collected from the AFT Insurance program's contributory policies is allocated to fund the premium for the Policyholder's Basic Life Insurance Program.

³By Providing your email address you agree to receive information about special discounts and products available through our benefit program. You may opt out at any time. Your information will not be sold.

Any person who knowingly and with intent to defraud any insurance company or any other person files an AFT application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Signature of Member: **X** Date: / /
(MM/DD/YYYY)

In order to make the coverage effective, all of the information requested above must be completed. The American Federation of Teachers provides this Group Term Life Insurance for one year as a benefit of your AFT membership. Insured by Metropolitan Life Insurance Company, New York, NY. Administered by A.G.I.A., Inc., Phoenix, AZ.

For questions: Call toll-free 888-423-8700, visit www.aftbenefits.org, or email us at info@aftbenefits.org

Retain a photocopy of this application for your records and return the original to:

AFT + Insurance Programs, P.O. Box 47060, Phoenix, AZ 85068-9963