

New AFT Member \$10,000 No-Cost Life Insurance Application

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



The American Federation of Teachers provides this No-Cost Group Term Life Insurance for one year as a benefit to your AFT membership.



Underwritten by:
Metropolitan Life Insurance Co.
200 Park Ave., New York, NY 10166

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 Name:

2. Street Address:

3. City: State: Zip:

4. Member SSN: - - 5. Email Address:

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

9. Gender: M F

I am a new member within the past 12 months I am actively at work (Retirees not eligible)

10. Beneficiary's Name:

11. Relationship to Member:

Yes, I elect \$10,000 of Group Term Life Insurance which is available to me at no cost for one full year as a new AFT member. 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 within the first year of your AFT membership in order to become insured for \$10,000 of Group Term Life Insurance for one year at no cost to you. In no event will you be eligible for this non-contributory coverage beyond 12 months from your date of membership. The premiums for this insurance are being paid by AFT only for one year from the effective 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 become effective on the first day of the month following the date this application is signed.

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.