



A Union of Professionals

AFT + Member Benefits

Please mail form to:
AFT-Oregon, Member Benefits
7035 SW Hampton Street
Tigard, OR 97223
(or direct to address at the bottom)

Questions? Please call Susan Miller,
Member Benefits Representative
503.595.3880
susanm@aft-oregon.org



Metropolitan Life Insurance Company, New York, NY

A special benefit to you as a new AFT member - \$10,000 No-Cost Life Insurance
Application for Group Term Life Insurance

Underwritten by: Metropolitan Life Insurance Company, New York, NY

MEMBER'S PERSONAL INFORMATION -All sections must be completed.

Form with fields: Member's Name, Social Security No., Gender, Birth Date, Street Address, City, State, Zip Code, E-Mail Address, Home Phone No., Cell Phone No., checkboxes for membership status, Beneficiary's Name, Relationship to Member, and a checked box for electing insurance.

AFT INFORMATION - All sections must be completed.

Form with fields: AFT Local Union Name, AFT Local Union No., AFT Membership Date

You must complete, sign and return this form and it must be received within ninety days of the date that you become a new member of AFT or become aware of this program by receipt of a new member activation package in order to become insured for \$10,000 of Group Term Life Insurance for one year at no cost to you.

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.

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

Date

In order to make the coverage effective, all of the information requested above must be completed.

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

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

Insured and administered by Metropolitan Life Insurance Company, New York, NY.

Please return application to the USI Affinity, Voluntary Benefits Coordinator ~ P.O. Box 505 ~ Matawan, NJ 07747-9942