

Generations Plus Application



For office use (Policy Number)

1. PERSONAL INFORMATION. Proposed children age 14 and under to be insured.

Name (Last, First MI)	Social Security Number	Birth Date (mm/dd/yyyy)	Gender (M or F)	Relationship to Member	Monthly Premium (see chart)

2. MEDICAL INFORMATION. If "yes" below, list names and details on a separate page signed and dated by Parent.

1. Within the past five years, have any of the children listed above been treated or diagnosed by a physician for: respiratory disorder, heart disease or disorder, mental disease or disorder, or any other impairments or diseases? Yes No
2. Was any child born prematurely or with abnormalities at birth? (Skip if child is more than 1 year old) Yes No

3. INSURANCE COVERAGE. Select one.

Policy Delivery Preference: Electronic Paper

- \$10,000 \$15,000 \$20,000 \$25,000 \$30,000 \$40,000 \$50,000

4. MEMBER INFORMATION

Name (Last, First MI)		SSN or AAFMAA Member Number		Phone (<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work)	
Street	City	State	Zip	Email (<input type="checkbox"/> Personal <input type="checkbox"/> Work)	

5. OWNER INFORMATION

Owner: Member Listed below:

Name (Last, First MI)		Social Security Number		Relationship to Insured	
Street		City		State Zip	
Phone (<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work)		Email (<input type="checkbox"/> Personal <input type="checkbox"/> Work)			

6. BENEFICIARY DESIGNATION

Beneficiary: Member Listed below:

Name (Last, First MI)		Social Security Number		Birth Date (mm/dd/yyyy)		Relationship to Insured	
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7. PAYMENT SELECTION. Applications cannot be processed without a deposit.

Payment Type	Required Deposit	Payer Name	
<input type="checkbox"/> Checking account monthly (EZPay)* ...	1 month	Payer Mailing Address	
<input type="checkbox"/> Credit card monthly.....	1 month		
<input type="checkbox"/> Bill quarterly	3 months	Payment Type <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
<input type="checkbox"/> Bill semiannually	6 months		
<input type="checkbox"/> Bill annually.....	12 months	Expiration Date (mm/yy)	
* Attach blank check marked "VOID" - not deposit slip.		Account Number (for credit card or EZPay <u>only</u> if no voided check)	
Payer Signature		ABA Routing Number (for EZPay <u>only</u> if no voided check)	

8. AUTHORIZATION. Any signer who is not an AAFMAA member must include copy of government issued photo ID.

I AGREE THAT: The information above is true and complete to the best of my knowledge and belief; this application shall be the basis for and a part of the policy; no insurance shall take effect until a policy is issued and unless on that date the Proposed Insured is alive. AAFMAA will rely on my statements and answers in determining my eligibility for insurance and receiving my application. Any false or incomplete statement or answer that materially affects the acceptance or the risk or the hazard assumed may result in loss of coverage under the policy to which this application is attached. I authorize AAFMAA to make a brief report of my personal health information to MIB. Information obtained may be released to persons performing business duties as delegated or contracted for by AAFMAA related to my application and subsequent insurance related functions, as permitted or required by law, or as I further authorize. If I have chosen to pay by recurring withdrawal from my bank account or credit card, I hereby authorize AAFMAA to contact the payment provider on my behalf to start, increase, decrease or stop my payment when necessary to collect amounts currently due. I understand that if this application is withdrawn, I will receive a full refund.

Parent Signature	Date (mm/dd/yyyy)	Owner Signature (if other than Parent)	Date (mm/dd/yyyy)
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This Section For AAFMAA Use Only	Date Received	Date Accepted	Recommendation <input type="checkbox"/> Accept <input type="checkbox"/> Withdraw	Signature of AAFMAA Reviewing Authority
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AAFMAA Generations Plus Life Insurance

Are you an AAFMAA member? Do you have children or grandchildren age 14 and under? If so, buy AAFMAA's Generations Plus for them. It is great because:

- Premiums are lower than Gerber Grow-up Plan
- Premiums never change -- the younger the child, the lower the premium
- Coverage automatically doubles at age 18 -- no premium increase
- Policy ownership automatically changes to insured at age 21
- Guaranteed 4 additional insurance purchase options, regardless of medical condition
- Exercising all options provides insurance equal to 10 times the initial policy
- Coverage for \$10,000, \$15,000, \$20,000, \$30,000, \$40,000 and \$ 50,000
- This policy ensures that your child or grandchild can buy additional AAFMAA insurance for life

Here's how it works

Buy an Initial Policy of	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
At Age 18 (coverage doubles with no premium increase)	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$80,000	\$100,000
At Age 35 or 40 (if all 4 guaranteed purchase options are exercised)	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$400,000	\$500,000

Monthly Premiums

Issue Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
Under 1*	\$5.20	\$7.80	\$10.40	\$13.00	\$15.60	\$20.80	\$26.00
1	\$5.50	\$8.25	\$11.00	\$13.75	\$16.50	\$22.00	\$27.50
2	\$5.70	\$8.55	\$11.40	\$14.25	\$17.70	\$22.80	\$28.50
3	\$5.90	\$8.85	\$11.80	\$14.75	\$17.70	\$23.60	\$29.50
4	\$6.10	\$9.15	\$12.20	\$15.25	\$18.30	\$24.40	\$30.50
5	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$24.80	\$31.00
6	\$6.40	\$9.60	\$12.80	\$16.00	\$19.20	\$25.60	\$32.00
7	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$26.40	\$33.00
8	\$6.90	\$10.35	\$13.80	\$17.25	\$20.70	\$27.60	\$34.50
9	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60	\$28.80	\$36.00
10	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20	\$29.60	\$37.00
11	\$7.60	\$11.40	\$15.20	\$19.00	\$22.80	\$30.40	\$38.00
12	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00	\$32.00	\$40.00
13	\$8.30	\$12.45	\$16.60	\$20.75	\$24.90	\$33.20	\$41.50
14	\$8.60	\$12.90	\$17.20	\$21.50	\$25.80	\$34.40	\$43.00

*minimum age of 15 days

Call AAFMAA toll free at 1-877-398-2263 for more information.

When completed:

- Scan application to membership@aafmaa.com
- Fax to 1-888-210-8201
- Mail to 1856 Old Reston Ave., Suite 200, Reston, VA 20190.

MIB Disclosure

This information is required by MIB, which assists AAFMAA in considering your application.

Information regarding your insurability will be treated as confidential. AAFMAA may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or submit a claim for benefits to such a company, MIB, upon request, will supply each company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734.

AAFMAA may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.