

# Introductory Membership Application



**FREE \$5,000 term life insurance!**

This special program gives cadets an introduction to AAFMAA, a non-profit organization providing life insurance and survivor services to Armed Forces personnel and their families since 1879. Introductory Membership is completely free and includes a \$5,000 term life insurance policy in force through commissioning. Applying is simple... just complete the sections below:

1. PERSONAL INFORMATION		For office use (IM Number)
Name (Last, First MI)	Rank/Title	Social Security Number
Email: <input type="checkbox"/> Personal <input type="checkbox"/> School	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm/dd/yyyy)
Mailing Address	Alternate Address	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home
		Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home
Military Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard	Commissioning Source <input type="checkbox"/> Academy <input type="checkbox"/> ROTC (under contract) <input type="checkbox"/> OCS/OTS/WOCS	
Expected Commission Date (mm/dd/yyyy)	University/College (If ROTC)	

2. MEDICAL INFORMATION. Have you ever had or been diagnosed or treated for any of the following?	YES	NO
1. Any illness or injury for which a physician or other practitioner was consulted; disease or physical deformity, or surgical procedure or hospitalization within the past five years		
2. Excessive alcohol or drug use, or advice to limit, cease or receive counseling for alcohol or drug use		
3. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or AIDS-related conditions		
4. In the last 12 months, ANY use of cigarettes, cigars, pipes, snuff, chewing tobacco, nicotine gum or other nicotine delivery system		

**If you answered "yes" to question 1, 2 or 3,** complete addendum on second page. List illnesses, number of instances, duration, dates and attending physicians with addresses. List prescription medications used within the last five years for other than minor illnesses. AAFMAA may request additional medical records for approval.

3. BENEFICIARY SELECTION		
Upon the death of the insured, pay the benefit in equal shares to the surviving primary beneficiaries, or to the surviving contingents if all primaries are deceased. If no beneficiaries are living, pay the benefit to (or to the estate of) the owner.		
Name (Last, First MI): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	Birth Date (mm/dd/yyyy)
Name (Last, First MI): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	Birth Date (mm/dd/yyyy)

4. SIGNATURE	
I understand that the membership and insurance for which I have applied is <b>COMPLETELY FREE</b> , will become effective on the date this application is approved by AAFMAA, will remain in force for 30 days following my commissioning and will cease if my status as a cadet is terminated prior to commissioning.	
Signature	Date Signed (mm/dd/yyyy)

Scan and email to sales@aafmaa.com or fax to 888-210-6327 or mail to address below.

<b>Do not write in this space.</b> Application processing at Ft. Myer, VA		Recommendation: <input type="checkbox"/> Accept <input type="checkbox"/> Reject
Date Received (mm/dd/yyyy)	Date Accepted (mm/dd/yyyy)	Signature of AAFMAA Reviewing Authority

**\$4,000 loan at 1.5% APR upon commissioning!**

In addition to this \$5,000 free term policy, AAFMAA provides insurance that is a lower-cost alternative or supplement to SGLI. With a qualifying AAFMAA membership, you are eligible to apply for a 1.5% \$4,000 loan when you are commissioned.