Veteran Survivor Plan Application

AAFMAA® COMPASSION • TRUST • PROTECTION

Please complete all sections.

For office use (Policy Number)

1. PERSONAL

Insured Name *(Last, First MI)*			Rank/Title	Social Security Number
Email (☐ *Personal* ☐ *Work)*			Gender ☐ Male ☐ Female	Birth Date *(mm/dd/yyyy)*
Street			Phone (☐ *Cell* ☐ *Home* ☐ *Work)*	
City	State	Zip	Phone (☐ *Cell* ☐ *Home* ☐ *Work)*	
Insured is applying as *(select one)* ☐ Member ☐ Spouse		Member Name *(if not the Insured)*		Member SSN *(if not the Insured)*
Military Status ☐ Active ☐ Guard ☐ Reserve ☐ Retired ☐ Veteran			Military Service ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard	

2. INSURANCE COVERAGE. *(Monthly premium shown by age and coverage.)*

	Issue Age:	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-85
Male	☐ $10,000	33.08	37.32	48.08	58.88	69.84	94.38	123.96	169.32
	☐ $15,000	49.12	55.48	71.62	87.82	104.26	141.07	185.44	253.48
	☐ $20,000	65.16	73.64	95.16	116.76	138.68	187.76	246.92	337.64
	☐ $25,000	81.20	91.80	118.70	145.70	173.10	234.45	308.40	421.80
Female	☐ $10,000	25.64	30.60	35.64	42.54	54.34	70.90	98.58	141.38
	☐ $15,000	37.96	45.40	52.96	63.31	81.01	105.85	147.37	211.57
	☐ $20,000	50.28	60.20	70.28	84.08	107.68	140.80	196.16	281.76
	☐ $25,000	62.60	75.00	87.60	104.85	134.35	175.75	244.95	351.95

3. PAYMENT. *(Applications cannot be processed without a deposit.)*

Payment Type	Required Deposit
☐ Military allotment monthly	2 months
☐ Checking account monthly *(EZ-Pay)**	1 month
☐ Credit card monthly	1 month
☐ Bill quarterly	3 months
☐ Bill semiannually	6 months
☐ Bill annually	12 months

***Attach blank check marked "VOID" - not deposit slip.**

Account Holder/Payer Name

Account Holder Mailing Address

Bank Account Number OR Credit Card Number

Bank ABA Routing Number OR Credit Card Expiration Date

Policy Delivery Preference: ☐ Electronic ☐ Paper

4. BENEFICIARY. *(Equal shares to surviving primaries, else contingents, else estate.)*

PRIMARY: Name *(Last, First MI)*	Social Security Number	Birth Date *(mm/dd/yyyy)*	Relationship to Insured
PRIMARY: Name *(Last, First MI)*	Social Security Number	Birth Date *(mm/dd/yyyy)*	Relationship to Insured
CONTINGENT: Name *(Last, First MI)*	Social Security Number	Birth Date *(mm/dd/yyyy)*	Relationship to Insured
CONTINGENT: Name *(Last, First MI)*	Social Security Number	Birth Date *(mm/dd/yyyy)*	Relationship to Insured

☐ All children of Insured (born or adopted) as Contingents.

For a detailed form go to www.aafmaa.com/forms

Do not write in this space. Application processing by AAFMAA

Date Received	Deposit Received	Comments
Date Accepted	Identification Received	

American Armed Forces Mutual Aid Association • 1856 Old Reston Ave, Ste 200, Reston, VA 20190 • 1-800-522-5221 • www.aafmaa.com

5. AUTHORIZATION

I hereby apply to AAFMAA for insurance as provided by its Constitution. I represent that my statements and answers are true to the best of my knowledge. I understand that AAFMAA will rely on my statements and answers in determining my eligibility for insurance and receiving my application. I also understand that any false or incomplete statement or answer which 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 understand that any photocopy amendment or statement I submit may be accepted and relied upon by AAFMAA, in its sole and absolute discretion, and treated as a valid original, and will be included in any approved policy that is issued and delivered to the owner. I understand that federal law requires AAFMAA to verify the identity of insureds and owners. I understand that all documents I provide will be retained by AAFMAA.

I understand that the insurance coverage applied for will be effective conditionally from the date AAFMAA receives my application, deposit, identification and required medical information, whichever is later. If I die before this application is approved and a policy issued, and it is determined by AAFMAA, pursuant to its rules and procedures, that I am not acceptable to AAFMAA for the insurance coverage applied for as of the date of the application, there shall be no insurance coverage, no death benefit will be payable, and any deposit paid will be refunded.

Once this policy is approved, no additional Guaranteed Acceptance Insurance policies will be approved by AAFMAA. The maximum death benefit payable under this Certificate and all similar Certificates issued by AAFMAA cannot exceed $25,000.00.

If I have chosen to pay by recurring withdrawal from my military allotment, bank account or credit card, I hereby authorize AAFMAA to contact DFAS or the payment provider on my behalf to start, increase, decrease or stop my payment when necessary to collect amounts currently due. I understand that AAFMAA cannot start or increase active duty allotments.

Privacy Policy information is available at www.aafmaa.com/AboutAAFMAA/PrivacyPolicy.aspx or by mail by calling 1-877-298-2263.

Insured Signature Required

Insured Signature	Insured Printed Name *(First MI Last)*	Date *(mm/dd/yyyy)*

6. OWNER. *(To designate someone other than the Insured as Owner.)*

Owner Name *(Last, First MI)*			Relation to Insured	Social Security Number
Street			Gender ☐ Male ☐ Female	Phone (☐ *Cell* ☐ *Home* ☐ *Work)*
City	State	Zip	E-mail (☐ *Personal* ☐ *Work)*	

Owner Signature *(if not the Insured)*	Owner Printed Name *(First MI Last)*	Date *(mm/dd/yyyy)*

Return the following to AAFMAA by mail, email (membership@aafmaa.com) or fax (1-888-210-8201):

- ☐ **THIS APPLICATION** - completed and signed.
- ☐ **IDENTIFICATION** - copy of government issued ID such as Driver's License (state or US territory) or Passport.
  - ***Active Duty*** - Include copy of most recent LES.
  - ***Veterans*** - Include copy of Form DD-214 or honorable discharge certificate.
- ☐ **DEPOSIT CHECK** - if not paying by credit card *(Section 3).*
- ☐ **BLANK CHECK MARKED "VOID"** - if paying by bank account withdrawal *(Section 3).*
- ☐ **CREDIT CARD FORM** - if paying by credit card *(Section 3).*

WHAT HAPPENS NEXT?

Once you submit your application to AAFMAA, we will:

1. Enter your information in our insurance administration system.
2. Review the insurance you are applying for.
4. Determine the final resolution of your application based only on your AAFMAA eligibility:
   a. Accept and issue policy. AAFMAA will issue your policy and apply your first payment in accordance with your provided payment type
   b. Withdraw the application if you are not eligible for AAFMAA products. AAFMAA will notify you in writing if it must take this action.
6. Deliver Policy. Policy owners may access policies after 5 days from issue on AAFMAA's Member Center at www.aafmaa.com. If you did not select "electronic delivery" as your policy delivery option, you should receive your printed policy 7-10 days after policy issue.