



A Union of Professionals

AFT + Member Benefits

A special benefit to you as a recent AFT member - \$5,000<sup>3</sup> Life Insurance with no premium payment required<sup>2</sup>

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

Form with fields: Member's Name (First, Middle, Last); Social Security No.; Gender (M/F); Birth Date (MM/DD/YYYY); 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; checkbox for \$5,000 insurance election.

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 in order to become insured for the \$5,000 of Group Term Life Insurance being offered here. In no event will you be eligible for this coverage beyond 12 months from your AFT membership 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 that purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such a person to criminal and civil penalties.

1 By providing your email address you agree to receive information about special discounts and products available through our benefit program. You may opt out at any time. Your information will not be sold. 2 A portion of the premium collected from the AFT Insurance program's contributory policies is allocated to fund the premium for the Policyholder's Basic Life Insurance Program. 3 The \$5,000 Coverage will be reduced by 50% at age 65 and by 75% at age 70.

MEMBER SIGNATURE: X \_\_\_\_\_ DATE (MM/DD/YYYY): \_\_\_\_\_

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

The American Federation of Teachers provides this Group Term Life Insurance for one year as a benefit of your AFT membership.

For questions: Call toll-free 888-423-8700, visit www.aftbenefits.org

Insured by Metropolitan Life Insurance Company, New York, NY. Administered by A.G.I.A., Inc., Phoenix, AZ. 100516



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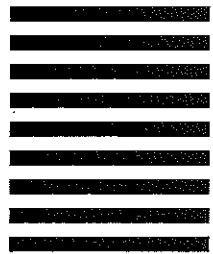
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