UNITED STATES LETTER CAARRIERS MUTUAL BENEFIT ASSOCIATION

APPLICATION FOR GROUP INSURANCE

APPLICANT	Legal Name _____ Address _____		
NATURE OF BUSINESS	LABOR ORGANIZATION	CONTRIBUTION DISTRIBUTION	BRANCH 100% MEMBER 0%
POLICY EFFECTIVE DATE	DAY 1 MONTH YEAR	DEPOSIT WITH APPLICATION	$ _____ **or 1 month's premium, whichever is less**
ELIGIBLE MEMBERS	All active members of the NALC and of Branch _____ in good standing who are letter carriers or other non-supervisory Postal Carrier Service emplooyees.		
ELIGIBLE DEPENDENTS	None		
OTHER GROUP PLANS	None		
BENEFITS APPLIED FOR	$_____ SUPPLEMENTAL TERM INSURANCE BENEFIT $_____ SUPPLEMENTAL ACCIDENTAL DEATH BENEFIT		
	THE APPLICANT hereby declares that the statements and answers contained above are full, complete and true as of the date hereof and expressly agrees that (1) such statements and answers shall constitute the application for and form part of the contract, and (2) the insurance shall become effective in accordance with and subject to the policy to be issued to the Applicant but in no case shall it become effective until the first monthly premium has been paid and this application has been approved by the United States Letter Carriers Mutual Benefit Associaton at its Executive Office.		

DATED AT _____ on the _____ day of _____ , _____

USLCMBA
BY _____
SIGNATURE AND TITLE

APPLICANT _____
BY _____
SIGNATURE AND TITLE

Form GAPP-LIFE