

Life insurance application



**James W.
"Jim" Yates**

The Mutual Benefit Association (MBA) offers reasonably priced life insurance policies to all NALC members (including city carrier assistants) and their families. The member services team is available to answer any questions you have over the phone about our policies.

To expedite processing, this article provides important details that are often overlooked when members are completing life insurance applications. Each number below is a section from a life insurance application. The entire application must be completed. If these sections are not completed accurately, it will cause undue delay in the processing of the application. Here are the steps:

1. Be sure to circle the type of insurance and, under "coverage information," place a check mark under the coverage amount you are applying for. If the coverage amount isn't listed, write the amount under "Other."

1. Type of insurance (please, circle one insurance type)
 Note: A separate application must be completed for each insurance type selected.

Independence (Single Premium Whole Life Plan)
 10 Year Renewable and Convertible Term Plan
 20 Pay Whole Life Plan
Paid Up at Age 65 Whole Life Plan
 Whole Life Plan

Coverage Information	\$10,000	\$25,000	\$50,000	\$100,000	Other (Specify)
Member	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. As the NALC member, all requested information about you is required, including your Social Security number, your date of birth and your gender.

2. NALC Member's Information: (Please print or type)

Name _____
(First) (Middle Initial) (Last)

Address _____

City _____

State _____ Zip Code _____

Telephone No. (_____) _____
Area Code

Social Security No. _____

NALC Branch No. _____

Member's Sex: M F

Date of Birth _____
(Mo/Day/Yr)

3. Spouse information is required only if you are applying for a policy for your spouse. Please don't forget to list your spouse's gender, Social Security number and date of birth.

3. Spouse Information:

Name _____ Sex: M F
(First) (Middle Initial) (Last)

Social Security No. _____ Date of Birth _____
(Mo/Day/Yr)

4. Children's information is required only if you are applying for a policy for your children.

4. Children Information: (Only complete, if you are applying for child or children coverage)

Name	Sex	Date of Birth <small>(Mo/Day/Yr)</small>	Social Security No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life insurance application (continued)

5. If you want to pay your premium via payroll deduction, there is no need to fill out anything under this section. If not, check either monthly or annually.

5. Payroll Deduction: I hereby authorize the U.S. Postal Service: (1) to deduct from my salary or wages such amounts as may be required by the United States Letter Carriers Mutual Benefit Association (MBA) to pay premiums due from me for insurance; and (2) to pay the amounts thereof on my behalf to the MBA. The authorization shall continue during my employment in any capacity by the U.S. Postal Service or until canceled by me by written notice to the MBA. Note: You do authorize deduction of your premium, unless you check a box below. Payroll deductions will start approximately 28 days after the receipt of your application.

I do not want to use payroll deduction (check one): Bill me monthly Bill me annually

6. Sections 6A through 6E are health-related questions about the proposed insured. Please answer each question completely.

6A. Health: Has any proposed insured ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for a disease or disorder such as:

	Proposed Insured (s):					
	Member		Spouse		Child(ren)	
	Yes	No	Yes	No	Yes	No
1. High blood pressure, coronary artery disease, heart attack, stroke, other heart disease or disorders of the circulatory system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Emphysema or chronic respiratory disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hepatitis or other diseases of the liver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Blood disease or disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Diabetes that require insulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been diagnosed with or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other immune deficiency disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the past five (5) years been advised to have any diagnostic test, hospitalization or surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6B. Please list any current medications: _____

6C. Proposed insured height _____ and weight _____

	Proposed Insured (s):					
	Member		Spouse		Child(ren)	
	Yes	No	Yes	No	Yes	No
6D. Within the past five (5) years, has any of the proposed insured been: Disabled or claimed disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6E. For any question **6A** or **6D** above which has a YES response, please **explain** fully below:

If you need additional space, use a separate page.

7. Fill this section out only if the NALC member does not want to be the owner of the policy. Only the owner of the policy can access information about the policy.

7. Ownership: The NALC member will be the policy owner unless otherwise specified below. **The owner must be in accordance with the provisions in the USLCMBA Constitution General Laws – LAW 1.**

Name _____
(First) (Middle Initial) (Last)

Address _____

City _____

State _____ Zip Code _____

Relationship to Insured: _____ Social Security No.: _____

Life insurance application (continued)

8. It's always best to choose a beneficiary(ies) immediately. Provide all the information requested, and please include the date of birth for each beneficiary listed.

8. Beneficiary: The beneficiary named below of this policy application will receive the proceeds when the insured dies:

Name	Address	Relationship	Social Security No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you need additional space, please list on a separate sheet of paper.

9. Dividends: MBA will use the Paid-Up Additions Option, unless you inform the MBA otherwise (with the exception of, the 10-year Renewable and Convertible Term Life policies. The MBA will use dividends on deposit).

10. Effective Date: Insurance applied for in this policy application will become effective on the date the MBA receives the first premium payment, provided the MBA approves this application and issues a policy of insurance. If MBA does not approve this application, the full premium payment will be returned. **No insurance shall become effective under any policy herein applied for unless the Proposed Insured (s) is (are) alive and in sound health on the policy's effective date.**

11. Replacement: Do any proposed insureds have existing life insurance or annuity contracts? Yes No
 Is this policy intended to replace or change any existing life insurance or annuity policy(ies)? Yes No
 If yes, please indicate below

Name of Life Insurance Company _____ Policy No. _____
 Address _____

12. The member must sign all applications whether he or she is the proposed insured or not. If the proposed insured is the spouse or child (age 18 or older), that person must sign. If the proposed insured is under 18, the parent or guardian must sign.

12. Declaration: I (We) have read this application for insurance. I (We) **understand** that the MBA will base its decision whether to issue a policy on these answers I (We) have given in this application. I (We) **represent** that all statements and answers made in this application, which includes any explanations on accompanying pages, are true and complete to the best of my (our) knowledge and belief.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

_____ Signature of NALC Member	_____ Date
_____ Signature of Spouse, if proposed for insurance	_____ Date
_____ Signature of any child age 18 or over, if proposed for insurance	_____ Date
_____ Signature of Parent or Guardian of child under 18 years of age If proposed for insurance <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	_____ Date

If you have any questions regarding the process of applying for a life insurance policy, please contact our New Business Department at 202-638-4318 Monday through Friday from 8 a.m. to 3:30 p.m. EST, or you may call our toll-free line on Tuesdays and Thursdays at 800-424-5184, also from 8 a.m. to 3:30 p.m. EST.

Applications are available at nalc.org/mba. Washington, DC, and the states of Florida, California and South Dakota require state specific applications. If you reside in one of these locations, please use the corresponding application.