

Life insurance application



James W. "Jim" Yates

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

To expedite the processing of life insurance applications, this article provides important details that are often overlooked when completing a life insurance application. Missing or incomplete information will delay the processing of your application and therefore the date the coverage will begin. Each number below is a section from a life insurance application. The entire application must be completed.

1. Be sure to circle the type of insurance you wish to purchase and under "Coverage Information" place a check or an X under the coverage amount you are applying for. If the coverage amount isn't listed, mark "Other" and write the amount in the space provided. The MBA will issue life insurance for up to \$150,000 per covered individual.

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	5 Year Renewable and Convertible Term Plan
<u>Paid Up at Age 65 Whole Life Plan</u>	20 Year Term
Whole Life Plan	Term to Age 65

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, NALC branch number, date of birth and gender.

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

Name (First, Middle Initial, Last)	Social Security No.
Address	NALC Branch No.
City	Member's Sex: <input type="checkbox"/> M <input type="checkbox"/> F
State	Date of Birth (Mo/Day/Yr)
Zip Code	
Telephone No. (Area Code)	

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

3. Spouse Information:

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

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

4. Children's information is only required 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 (Mo/Day/Yr)	Social Security No.
_____	_____	_____	_____
_____	_____	_____	_____

5. If you want to pay your premium via payroll deduction, there is no need to fill out anything under this section. If you wish to be billed directly, check either monthly or annually for your preferred billing frequency.

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. Section 6B begins on the back of the application.

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)	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"/>					
2. Emphysema or chronic respiratory disease?	<input type="checkbox"/>					
3. Hepatitis or other diseases of the liver?	<input type="checkbox"/>					
4. Blood disease or disorder?	<input type="checkbox"/>					
5. Cancer?	<input type="checkbox"/>					
6. Diabetes that require insulin?	<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"/>					
8. Within the past five (5) years been advised to have any diagnostic test (except those related to the Human Immunodeficiency Virus (AIDS virus), hospitalization or surgery)?	<input type="checkbox"/>					

6B. Please list any current medications: _____

6C. Proposed insured height _____ and weight _____

	Proposed Insured (s):					
	Member	Spouse	Child(ren)	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? Yes No

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. Only fill out this section if the NALC member does not want to be the owner of the policy. Only the

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Health and wellness programs (continued)

resources, and the ability to connect with other members, all in one digital solution.

Healthy Pregnancies, Healthy Babies®—Enrolling in the Healthy Pregnancies, Healthy Babies® program is an important step toward a healthy future for you and your baby. The program will work together with you and your doctor to develop a plan of care. It provides you

with educational information and support throughout your entire pregnancy and after.

Our programs and incentives may vary depending on the plan option you are enrolled in, High Option or the Consumer Driven Health Plan. For a complete list available in your plan option, or for more details, please visit our website at nalchbp.org.

Director of Life Insurance

Life insurance application (continued)

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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 USLCMB Constitution General Laws – LAW 1.

Name (First) (Middle Initial) (Last) _____
 Address _____
 City _____
 State _____ Zip Code _____
 Relationship to Insured: _____ Social Security No.: _____

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. (Note that the Term Life policies will use the dividends on deposit option if dividends are paid).

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 NALC member must sign all applications, whether or not they are the proposed insured.

If the proposed insured is the spouse or child (age 18 or older) they must sign. If the proposed insured is a child under age 18, their 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 I/ALC 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 _____ Date _____
 If proposed for insurance Father Mother Legal Guardian

Washington, DC, and the states of Florida, California and South Dakota require state specific applications. If you reside in one of these locations, please be sure to use the corresponding application. Additionally, if the proposed insured is the member's parent, there are separate parent applications.

All of our life insurance applications can be found on our website at nalc.org/mba.

If you have any questions regarding the process of applying for a life insurance policy, the policies themselves, or any other product we sell, please contact the MBA office at 202-638-4318 Monday through Friday from 8 a.m. to 3:30 p.m. Eastern time.