

Individual Juvenile Term Life Insurance Application

30-DAY
FREE
LOOK



How To Apply

1. Please read and complete all four sections.
2. Complete, sign and date your application.
3. Review the Application Notices, and choose your EASY PAY Option on page 3.
4. Return your completed APPLICATION today. Use the enclosed envelope. *That's all there is to it!*

INDIVIDUAL JUVENILE TERM LIFE INSURANCE APPLICATION
THE UNION LABOR LIFE INSURANCE COMPANY

Administrative Office: Insurance Services P.O. Box 9947 Phoenix AZ 85068-0947
Home Office: 8403 Colesville Road, Silver Spring, MD 20910
Executive Office: 1625 Eye Street, N.W., Washington, D.C. 20006

OWNER

First Name _____ Middle Initial _____ Last Name _____

Address _____
STREET CITY STATE ZIP

Phone _____ E-Mail Address _____

If you share your e-mail address, you may receive periodic e-mails about money-saving benefits endorsed by your Union. You will always have the right to opt-out of receiving these e-mails.

Social Security # _____

Your relationship to the Proposed Insured: Parent Grandparent Stepparent Permanent Legal Guardian Self

PROPOSED INSURED: List the Child to be Insured. Insured must be 30 days* to less than 18 years of age to be insured.

First Name	MI	Last Name	Sex	DOB	Social Security #	Drivers License #	State of Issue
_____	_____	_____	_____	_____	_____	_____	_____

**Choose One Coverage Amount

\$5,000 \$10,000 \$15,000 \$20,000 \$25,000

**The Policy Effective Date of coverage is the later of: (1) the date the Proposed Insured attains the age of 30 days; or (2) the date the Proposed Insured is first released from the hospital after birth.*

*** The Coverage Amount automatically doubles at age 18 with no increase to the premiums.*

BENEFICIARY: Owner will be the beneficiary who is designated to receive the insurance benefits unless someone else is named below.

PRIMARY BENEFICIARY

First Name	MI	Last Name	City/State	Social Security #	Relationship to Proposed Insured	% of Proceeds*
_____	_____	_____	_____	_____	_____	_____

Beneficiary must be the parent, grandparent, stepparent, legal guardian, sibling(s) or estate.

[Use a separate sheet of paper if more space is needed. Please be sure to sign, date and attach it to the application.]

**Designation(s) must equal 100%.*

CONTINGENT BENEFICIARY

First Name	MI	Last Name	City/State	Social Security #	Relationship to Proposed Insured	% of Proceeds*
_____	_____	_____	_____	_____	_____	_____

Beneficiary must be the parent, grandparent, stepparent, legal guardian, sibling(s) or estate.

[Use a separate sheet of paper if more space is needed. Please be sure to sign, date and attach it to the application.]

**Designation(s) must equal 100%.*

REPLACEMENT: Please answer the following questions for the Proposed Insured:

1. Does the Proposed Insured have existing life insurance or annuity contracts with The Union Labor Life Insurance Company (Union Labor Life) or any other company? Yes No
2. The current amount of total life insurance or annuity contracts the Proposed Insured has or that you are applying for with other companies (not including any coverage through your employer) is: \$ _____
3. If approved, do you plan to replace or change a current life insurance policy or annuity contract with the Union Labor Life insurance policy? Yes No

HEALTH QUESTIONS: Please answer the following questions for the Proposed Insured:

1. In the past 5 years, has the Proposed Insured been diagnosed with or treated by a medical professional for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), diabetes, cancer or tumor, stroke, or paralysis? Yes No
2. In the past 5 years, has the Proposed Insured had a medical professional diagnose them with or treat them for a disease or disorder of the heart (including high blood pressure), blood or circulatory system, lungs, liver, kidney, or intestines? Yes No
3. Has the Proposed Insured ever been diagnosed, treated, tested positive for any disorder or disease of the brain or nervous system or any psychiatric or mental health disorder or disease by a member of the medical profession? Yes No
4. In the last year, has the Proposed Insured been declined, rated, or postponed for medical reasons on any application for life insurance? Yes No

Please review the answers to these questions to be sure that they have been answered fully and truthfully. A misrepresentation on these questions could void the coverage.

D. Read, Sign and Date below:

I have read the completed application. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this Application. I agree that this application will be the basis for, and will become part of, the policy that is issued. I understand that the statements and answers in the application are the basis for any policy issued by the company and that no information about the Proposed Insured will be considered given unless stated in the application. I represent that I am a parent, legal guardian, stepparent or grandparent of each child to be insured, and the above representations are true and complete to the best of my knowledge and belief. I agree the policy shall not be in effect until it has been issued by Union Labor Life ("the Company") and all premiums have been paid. I understand that the information on this application will be relied upon to determine insurability and that incorrect information may result in coverage being voided, subject to the policy's Incontestability provision. I understand that the agent has no authority to approve the application, change the policy, or waive any policy provisions. I understand no insurance will be effective until the date stated in the policy and all eligibility requirements are met. I am not being paid cash and have not been promised services as an inducement to enter into this application for life insurance.

The purpose of this insurance application is not to sell or assign it to any type of viatical settlement, senior settlement, or life settlement company.

I understand that state insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued, and that I should consult with legal advisors if I have any questions about these matters.

FRAUD NOTICE:

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.

PAYMENT AUTHORIZATION – SELECT HOW YOU WANT TO PAY BELOW: (you will be charged or billed later)

Choose ONLY one option.

Monthly Electronic Funds Transfer EFT (Attach a check marked "VOID" or provide your bank account information below.)

Routing Number:

Account Number:

Monthly Credit Card Charge: MasterCard Visa Discover

- - -

Expiration Date: /

Payment Authorization :

I hereby authorize Union Labor Life to initiate debit entries to the Bank Account or Credit Card indicated above. I authorize my financial institution to pay from my account to Union Labor Life any preauthorized Bank Account withdrawals. I acknowledge and understand my payment will be processed on the date corresponding to the effective date of my policy when the payment is due, for initial and subsequent payments, and my account will be charged only after coverage is issued. This authorization is to remain in force until Union Labor Life has received written notification from me of its termination.

X

Owner Signature Date

X

Parent or Legal Guardian Signature, if different than the Owner Date

X

Parent, Legal Guardian or Grandparent Signature, if different than the Owner Date



INSURANCE | INVESTMENTS

UNDERWRITTEN BY:
THE UNION LABOR LIFE INSURANCE COMPANY
Home Office: 8403 Colesville Road, Silver Spring, MD 20910
Administrative Office: Insurance Services P.O. Box 9947
Phoenix, AZ 85068-9947

Questions?
Call toll-free: **1-888-292-7749**
8 a.m. to 7 p.m. Eastern Time, Monday – Friday
or visit us online at www.unioncare.com

¿PREGUNTAS?
Llame GRATIS al **1-888-292-7749**
8 a.m. a 7 p.m. Zona Del Este – de Lunes a Viernes
O, visítenos en línea al www.unioncare.com