

Application for the Nazarene Supplemental Group Term Life Insurance Plan

STEP 1: Complete Personal Information

Name _____ M F

Address _____ E-Mail _____

City, State, Zip _____ Home Phone _____

Date of Birth (mm/dd/yy) _____ Social Security Number _____

Employer _____ District _____

Spouse's Name _____

Spouse's Date of Birth (mm/dd/yy) _____ Spouse's Soc. Sec. No. _____

Names and Ages of Children _____

STEP 2: Select Coverage Amounts

Coverage you have chosen: Annual Premium

Primary Coverage _____ (A)

Dependent Spouse Coverage _____ (B)

(Maximum dependent coverage is the lesser of primary coverage or \$125,000. Premium is based on age of primary insured.)

Calculate your monthly cost _____ (A+B) ÷ 12 = _____ (C)
Annual Cost Monthly Cost

To calculate prorated premium due now, put in (D) the number of full months until January 1, _____ (D)

TOTAL DUE NOW (C x D) \$ _____

STEP 3: Complete Payment Information

Pay via Automatic Monthly Payments, **OR** Annually

By Check

Send your check made payable to *Pensions and Benefits USA* along with this completed application to the address below.
 (Note: Checks sent to P&B will be converted into an electronic payment at the time of receipt. Therefore, we cannot accept online banking checks.)

OR

By Credit/Debit Card

_____ Visa _____ Master Card _____ Discover Card _____ American Express Card

Card Number

Expiration Date (MM/YYYY)

Name as it appears on Card _____

Signature: _____ Date _____

STEP 4: Verify Eligibility and Complete Life Event Information

Please check the box that best describes you		Please check any of the following life events occurring WITHIN THE LAST 90 DAYS and list dates:	
<input type="checkbox"/>	District-licensed or ordained Nazarene minister	<input type="checkbox"/>	First district license _____
<input type="checkbox"/>	Lay person working 30 or more hours per week as a paid employee of a Nazarene church or church agency	<input type="checkbox"/>	Ordination _____
<input type="checkbox"/>	Full-time song evangelist	<input type="checkbox"/>	Marriage _____
<input type="checkbox"/>	Widow(er) of one of the above	<input type="checkbox"/>	First full-time church assignment _____
<input type="checkbox"/>	<i>continue to next column</i> → → → → ↗	<input type="checkbox"/>	Birth of child _____

STEP 5: Designate Beneficiary(ies)

Primary Beneficiary(ies): Beneficiaries named in this section will be considered primary

Name	Relationship to Insured	Address
_____	_____	_____
_____	_____	_____

Secondary Beneficiary(ies): If no primary beneficiaries survive you, proceeds will be paid to the surviving secondary beneficiaries named in this section

Name	Relationship to Insured	Address
_____	_____	_____
_____	_____	_____

The beneficiary of any life insurance covering the dependents will be the primary insured. If you have questions, call toll free 1-888-888-4656 for assistance or a personal quote.

STEP 6: Date and Sign Your Application

Date _____ Signature _____
Please sign in ink

NOTICE OF EFFECTIVE DATE: If no health statements are required, your coverage will be effective the day your completed application and premium payment are received by Pensions and Benefits USA, provided you are actively at work on a full-time basis at your usual place of business. Upon approval by the insurance company of any required health statements, your coverage will be effective the date the last document needed to establish satisfactory evidence of insurability was signed, provided you are actively at work on a full-time basis at your usual place of business. Insurance on dependents will not become effective until the primary insured's insurance is effective. If any dependent is confined in a hospital, the effective date for insurance coverage for such dependent will be delayed until final discharge from the hospital.

Pensions and Benefits USA
17001 Prairie Star Pkwy.
Lenexa, KS 66220-7900

P&B Office Use Only

Received _____ Effective _____