

# Application Form

## ASSOCIATION 4000 ENROLLMENT FORM

Last Name:	First Name
Address:	Beneficiary:
City:	State: <span style="float: right;">Zip Code:</span>
[ ] Male [ ] Female DOB:	SS#
Home/Cell Phone: ( )	Email:

### DEPENDENT INFORMATION

NAME	GENDER	SS#	DOB	RELATIONSHIP

SIGNATURE:	DATE:
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**PLEASE CHECK BELOW THE PRODUCT YOU ARE ENROLLING FOR:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Short Term Disability<br><input type="checkbox"/> Single <input type="checkbox"/> Family | <input type="checkbox"/> Long Term Disability<br><input type="checkbox"/> Single <input type="checkbox"/> Family | <input type="checkbox"/> AD&D<br><input type="checkbox"/> Single <input type="checkbox"/> Family<br><input type="checkbox"/> 250,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 50,000 | <input type="checkbox"/> Term Life Insurance<br><input type="checkbox"/> Single <input type="checkbox"/> Family<br><input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 15,000 |
|---|--|---|---|

RETURN WITH MONTHLY PREMIUM CALCULATION SHEET TO:

**MARKETING BENEFITS, INC.**  
**P.O. BOX 1459**  
**ORANGE BEACH, AL 36561**

**Tel: (800) 811-1600 Fax: (251) 974-3233**

**WRITING AGENT**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_

**GENERAL AGENT**

Allied Brokerage Services  
P.O. Box 29189  
Shawnee Mission, KS 66201-9189  
P: 888-402-7204  
E: sales@allied-brokerage.com

# Monthly Premium Calculation Sheet

Please make checks payable to WIMG

## Accident Disability

Short Term	Single	\$ 52.11
	Primary & Family	\$ 79.97

\$

Long Term	Single	\$ 27.57
	Primary & Family	\$ 32.49

\$

## Accidental Death & Dismemberment - 24 Hour Coverage

\$250,000	Single	\$ 53.83
\$250,000	Primary & Family	\$ 78.46
\$200,000	Single	\$ 47.26
\$200,000	Primary & Family	\$ 66.97
\$150,000	Single	\$ 40.69
\$150,000	Primary & Family	\$ 55.49
\$100,000	Single	\$ 30.86
\$100,000	Primary & Family	\$ 40.69
\$50,000	Single	\$ 24.29
\$50,000	Primary & Family	\$ 29.20

\$

## Term Life Insurance

\$ 5,000.00	Single	\$ 28.14
\$ 5,000.00	Primary & Family	\$ 39.00
\$ 10,000.00	Single	\$ 39.00
\$ 10,000.00	Primary & Family	\$ 60.43
\$ 15,000.00	Single	\$ 49.71
\$ 15,000.00	Primary & Family	\$ 81.86

\$

Premium

\$

Enrollment Fee

\$40.00

Submit With Application

\$

PREMIUMS ARE BASED ON AUTOMATIC BANK DRAFT, ADD \$5 FOR DIRECT MONTHLY BILLING

Short Term Accident Disability  
 Long Term Accident Disability  
 AD&D  
 Term Life

Guarantee Trust Life  
 National Union Fire Insurance Company of Pittsburgh  
 National Union Fire Insurance Company of Pittsburgh  
 Mutual of Omaha