

NORTH CAROLINA
National Guard Association



ADMINISTERED BY:

North Carolina National Guard Association
7410 Chapel Hill Road
Raleigh, NC 27607-5047
(919) 851-3390
Email: Insurance.NCNGA@gmail.com
www.ncnga.org

UNDERWRITTEN BY:

American Equity Investment Life Insurance Company
6000 Westown Parkway
West Des Moines, Iowa 50266
www.american-equity.com | 888-221-1234

NOW AVAILABLE *Up To \$50,000*

LIFE INSURANCE BENEFITS

\$1,000, \$10,000, \$20,000, \$25,000, \$30,000, \$40,000 or \$50,000

Life insurance payable in event of death from any cause.

Coverage is twenty-four hours a day, 365 days a year.

No War Clause.

No Aviation Exclusion.

No Suicide Clause.

No Hazardous Duty or Civilian Occupation Restriction.

Full Conversion privilege upon termination regardless of health.

ELIGIBILITY

\$1,000 BASIC BENEFIT
\$10,000 OPTIONAL BENEFIT

Any member, within ninety (90) days after joining the National Guard, may enroll prior to the 91st day after joining, without furnishing evidence of insurability.

If a member does not apply within the ninety (90) day period after joining the National Guard, he/she may still apply, but the Company reserves the right to accept or reject his application.

Members have the option of applying for additional insurance, up to \$50,000, by submitting evidence of insurability satisfactory to the Company.

BENEFICIARY

Benefits will be paid to the member's named beneficiary either in a lump sum payment, annual or monthly installments as directed by the beneficiary. If no beneficiary is living at the time of death of the insured member, the amount shall be paid to the duly qualified executors or administrators of the member's estate.

INDIVIDUAL TERMINATION

Insurance Coverage will terminate the date this policy or section of this policy under which coverage is offered ends, or the last day of the month for which premiums have been paid (subject to the Grace Period).

This Coverage may be continued after leaving the National Guard until age 65.

The Insurance Coverage elected will remain level until age 60. When the Insured attains age 60 (Guard Member, Spouse or Dependent), the benefits will be reduced by 50% and the premium will remain the same. All optional coverages expire on the last day of the month in which the member attains age 65.

CONVERSION PRIVILEGE

If life insurance ceases because of termination of membership in the classes eligible for insurance under this program or separation from the National Guard, coverage may be converted to an individual policy. See your certificate for details and requirements.

OPTIONAL LIFE INSURANCE BENEFITS

INDIVIDUAL CERTIFICATES

Each member enrolled will receive a certificate giving a complete statement of the benefits as outlined. Attached Riders will detail additional benefits.

GUARD MEMBER LIFE INSURANCE

<u>COVERAGE</u>	<u>PREMIUM</u>
\$10,000.....	\$ 3.66
\$20,000.....	7.00
\$25,000.....	8.67
\$30,000.....	10.34
\$40,000.....	13.67
\$50,000.....	17.00

LIFE INSURANCE FOR DEPENDENTS

SPOUSE AND CHILDREN

Cannot exceed 50% of Member's Coverage

14 days to 6 months \$1,000.....	\$ 2,000
6 months to 2 years \$2,000.....	4,000
2 years to 3 years \$4,000.....	8,000
3 years to 21 years* \$5,000.....	10,000
Spouse \$5,000.....	10,000

PREMIUMS \$ 3.33 \$ 6.66

*Remains in effect to age 23 if Dependent is Full-Time Student

SPOUSE ONLY INSURANCE

Can be combined with above coverage

Cannot exceed Member's Coverage

<u>COVERAGE AMOUNT</u>	<u>PREMIUM</u>
\$ 5,000	\$2.00
\$10,000	\$3.66
\$15,000	\$5.33
\$20,000	\$7.00
\$25,000	\$8.67

EXTENSION OF DEATH BENEFITS

We will pay life insurance benefits if an insured meets all of the following conditions:

1. becomes totally disabled before age 60;
2. remains totally disabled until death;
3. dies before reaching age 60; and
4. dies within one year after Life Insurance premiums were last paid

APPLICATION FOR LIFE INSURANCE IN THE NORTH CAROLINA NATIONAL GUARD ASSOCIATION

Policy Number _____ Effective Date _____ Unit Code No. _____

I am now an active member of The National Guard. I hereby make application for life insurance for which I am eligible under the Group Insurance Contract issued to the North Carolina Guard Association by the American Equity Investment Life Insurance Company of West Des Moines, Iowa. The following statements and answers are true and correct to the best of my knowledge and belief.

NAME _____ GRADE _____ SSN _____
Last First Middle

MAILING ADDRESS _____
No. (RFD) City State Zip

BENEFICIARY _____ RELATIONSHIP _____
 NATIONAL HOME
 GUARD UNIT TELEPHONE _____

MEMBER'S DATE OF BIRTH _____ PLACE OF BIRTH _____ DATE OF ENLISTMENT _____
Mo./Day/Year State Mo./Day/Year

1. Height _____ ft. _____ in. Weight _____ Lbs. Married Single
2. Do you or your dependents know of any impairments now existing in you health or physical condition? Yes No
3. Have you or your dependents had any illness or injuries during the past 3 years? Yes No
4. Have you or your dependents ever had any of the following: Tuberculosis, Rheumatism, Disease of Heart, Lungs, Stomach, Kidney, Liver, Brain or any other disease or illness? Yes No
5. Have you or your dependents been absent from your regular duties due to illness or injury during the past six months? Yes No
6. Have you ever been refused, postponed or rated-up by a life insurance company? Yes No
 If so, give name of company, date and cause _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, INDICATE BELOW THE NATURE OF THE ILLNESS OR INJURY, DURATION, SEVERITY, WITH DATES AND DETAILS, AND THE NAME OF PHYSICIAN. _____

THIS APPLICATION IS REQUESTED FOR: <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> INCREASE			
GUARD MEMBER	DEPENDENT	SPOUSE**	TOTALS
1. <input type="checkbox"/> \$10,000 (\$3.66)	1. <input type="checkbox"/> \$5,000* (\$3.33)	1. <input type="checkbox"/> \$5,000 (\$2.00)	MEMBER \$ _____
2. <input type="checkbox"/> \$20,000 (\$7.00)	2. <input type="checkbox"/> \$10,000* (\$6.66)	2. <input type="checkbox"/> \$10,000 (\$3.66)	DEPENDENT \$ _____
3. <input type="checkbox"/> \$25,000 (\$8.67)	*See brochure for explanation of coverage amounts	3. <input type="checkbox"/> \$15,000 (\$5.33)	SPOUSE \$ _____
4. <input type="checkbox"/> \$30,000 (\$10.34)		4. <input type="checkbox"/> \$20,000 (\$7.00)	TOTAL PREMIUM:
5. <input type="checkbox"/> \$40,000 (\$13.67)		5. <input type="checkbox"/> \$25,000 (\$8.67)	\$ _____
6. <input type="checkbox"/> \$50,000 (\$17.00)		**Spouse coverage cannot exceed member's coverage.	

COMPLETE FOR DEPENDENT OR SPOUSE COVERAGE

Spouse: _____ Spouse DOB: _____
Last First Middle Mo./Day/Year

Number of Children Under Age 21: _____ DOB of Oldest Child Under Age 21: _____
Mo./Day/Year

ACKNOWLEDGEMENT AND AUTHORIZATION: I hereby authorize any physician, hospital, clinic, insurance company, the MIB, Inc., or other organization, institution or person that has any records or knowledge of me or of any member of my family or my (our) health to give this requested information to the American Equity Investment Life Insurance Company (or its reinsurers). I understand I may request a copy of this authorization and a photographic copy of this authorization is as valid as the original. This authorization remains valid for 30 months. I hereby assign any experience premium refunds to The North Carolina National Guard Association to be used for purposes benefiting the policies and programs of the North Carolina National Guard Association. I acknowledge receipt of form 5609, "Your Insurance Application and How it is Handled."

Dated in _____ this _____ day of _____ 20 _____
City, State

Signature of Witness _____
Signature of Member

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 701, E.O. 9397.

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE (X One)		2. NAME OF ALLOTTER (Last, First, Middle Initial) (Print or Type)		3. SSN	4. PAY GRADE
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINE CORPS				
<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY				
5. ADDRESS OF ALLOTTER (Street or Box Number, City, State, Zip Code)		6. DAYTIME TELEPHONE NUMBER (Include Area Code) 919-851-3390	7. EFFECTIVE DATE (YYYYMM)	8. MONTHLY AMOUNT OF ALLOTMENT \$	
9. NAME OF ALLOTTEE (First, Middle Initial, Last) NORTH CAROLINA NATIONAL GUARD ASSOCIATION		10. ALLOTMENT ACTION (X One) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		11. TERMS IN MONTHS	
12. CREDIT LINE (If Applicable)		13. ALLOTMENT OF CLASS AUTHORIZED (X One)			
14. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, Zip Code) 7410 CHAPEL HILL ROAD RALEIGH, NC 27607-5047		<input type="checkbox"/> C - CHARITY/CFC <input checked="" type="checkbox"/> D - DISCRETIONARY ALLOTMENTS (Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)) <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION (Red Cross, Relief Society, etc. - Navy and Marine Corps only) <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> - OTHER (Specify)			
15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)					
16. REMARKS CHECKING					
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER STATE EMPLOYEES CREDIT UNION 253177049		18. ACCOUNT NUMBER/POLICY NUMBER		<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
		19. TOTAL CLASS L AMOUNT \$		20. TOTAL CLASS T AMOUNT \$	

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct;
- Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

Under penalty of the Uniform Code of Military Justice, I certify that this allotment is NOT for the purchase, lease, or rental of personal property or payment toward personal property.

21. SIGNATURE OF ALLOTTER	22. DATE (YYYYMMDD)
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NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.
NOTE 2. This is a voluntary allotment and can be to any payee you desire.

MESSAGE FROM YOUR ASSOCIATION

Help yourself, your family, and fellow Guardsmen - enroll today. Complete the application and submit with authorization to your Unit Administrator.

Please print your e-mail address here: _____@_____