

**AIG LIFE INSURANCE COMPANY
Enrollment Form**

Glendale Community College

PAI 805 5061

American International Companies

Accidental Death and Dismemberment Insurance Plan

Please choose Plan (check one box only)

<u>Principal Sum</u>	<u>Individual Plan Cost Per Month</u>	<u>Family Coverage Cost Per Month</u>	<u>Extended Family Plan Cost Per Month</u>
\$ 25,000	\$ 0.60 <input type="checkbox"/>	\$.75 <input type="checkbox"/>	\$ 1.10 <input type="checkbox"/>
\$ 50,000	\$ 1.20 <input type="checkbox"/>	\$ 1.50 <input type="checkbox"/>	\$ 2.20 <input type="checkbox"/>
\$ 75,000	\$ 1.80 <input type="checkbox"/>	\$ 2.25 <input type="checkbox"/>	\$ 3.30 <input type="checkbox"/>
\$100,000	\$ 2.40 <input type="checkbox"/>	\$ 3.00 <input type="checkbox"/>	\$ 4.40 <input type="checkbox"/>
\$125,000	\$ 3.00 <input type="checkbox"/>	\$ 3.75 <input type="checkbox"/>	\$ 5.50 <input type="checkbox"/>
\$150,000	\$ 3.60 <input type="checkbox"/>	\$ 4.50 <input type="checkbox"/>	\$ 6.60 <input type="checkbox"/>
\$200,000	\$ 4.80 <input type="checkbox"/>	\$ 6.00 <input type="checkbox"/>	\$ 8.80 <input type="checkbox"/>
\$250,000	\$ 6.00 <input type="checkbox"/>	\$ 7.50 <input type="checkbox"/>	\$11.00 <input type="checkbox"/>
\$300,000	\$ 7.20 <input type="checkbox"/>	\$ 9.00 <input type="checkbox"/>	\$13.20 <input type="checkbox"/>
*\$350,000	\$ 8.40 <input type="checkbox"/>	\$10.50 <input type="checkbox"/>	\$15.40 <input type="checkbox"/>
*\$400,000	\$ 9.60 <input type="checkbox"/>	\$12.00 <input type="checkbox"/>	\$17.60 <input type="checkbox"/>
*\$450,000	\$10.80 <input type="checkbox"/>	\$13.50 <input type="checkbox"/>	\$19.80 <input type="checkbox"/>
*\$500,000	\$12.00 <input type="checkbox"/>	\$15.00 <input type="checkbox"/>	\$22.00 <input type="checkbox"/>

*Amounts over \$300,000 may not exceed 10 (X) times Base Annual Salary

Name: _____ Male ___ Female ___
 Beneficiary: _____ Relationship: _____
 Occupation: _____
 Social Security Number: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Spouse's Name: _____ D.O. B.: _____

I certify I am a member of the above organization, agency or credit union and understand that termination of membership will cancel all deductions made under this authorization.

Signature: _____ Date: _____

Top copy -- Administrator's copy
 Bottom Copy -- Members copy