

**SAMBA'S APPLICATION FOR CONTINUATION OF LIFE INSURANCE — FOR RETIRED MEMBERS AGE 70 OR OVER AND THEIR DEPENDENTS**

**IMPORTANT: THIS FORM MUST BE RETURNED TO SAMBA**

<b>PART A — TO BE COMPLETED BY MEMBER AND RETURN TO: SAMBA, 11301 OLD GEORGETOWN ROAD, ROCKVILLE, MD 20852</b>					
1. Check One: <input type="checkbox"/> I wish to continue \$ _____ of my Life Insurance Coverage <input type="checkbox"/> I do not wish to continue the Group Term Life Insurance Plan for Retired Members Age 70/over and their Dependents Signature of Member: _____ Date: _____					
2. Name (Print)	First	Middle Initial	Last	3. Social Security Number	
4. Residence No.	Street	City	State or Province	Zip Code	5. Phone Number
6. Beneficiary —					
_____	_____	_____	_____	_____	
First Name	Middle Initial	Last Name	Relationship		

<b>PART B — TO BE COMPLETED BY MEMBER IF REQUESTING INSURANCE FOR SPOUSE</b>					
7. I wish to continue \$ _____ of Life Insurance Coverage for my spouse					
8. Spouse Name (Print)	First	Middle Initial	Last		
9. Spouse Birthdate:			10. Social Security Number:		
11. Member will be the beneficiary of this Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO ( IF "NO", complete portion below). Benefits will be paid to designated Beneficiary set forth below:					
_____			_____		
Full Name			Relationship		
_____		_____	_____	_____	
Address		City	State	ZipCode	
_____				_____	
Signature of Member				Date	

**I AGREE THAT THE INSURANCE REQUESTED IS SUBJECT TO THE POLICY TERMS AND SHALL BECOME EFFECTIVE ON THE DATE OR DATES ESTABLISHED BY THE POLICY.**

**SIGNATURE OF MEMBER .....** **DATE .....**

<b>PART C — COMPLETED BY SAMBA</b>	
1. Group Policy — Control No. <u>G-9400</u>	
2. Date individual became eligible for amount(s) of insurance this form applies to:	
3. Total life insurance individual is eligible for, according to present classification —	
Employee: \$	Quarterly Cost: \$
Spouse: \$	Quarterly Cost: \$
Member's Name:	
Prepared by:	
Title: INSURANCE BENEFIT SPECIALIST	
Date:	

**SAMBA'S COPY — Return Completed Form To SAMBA**