



# Group Term Life Application

Please use this form to apply for coverage if after 13 months from your ATF entry on duty (EOD) date. The proposed insured should fill out this application. *Please print clearly in dark ink and mail to: SAMBA, 11301 Old Georgetown Road, Rockville, MD 20852-2800: (800) 638-6589; Fax (301) 816-0191.*

**Special Agents Mutual Benefit Association** **67740-0**

## 1. Tell us about yourself

Member Name <i>(last, first, middle)</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Social Security Number	
Agency Name	Entry On Duty (EOD) Date	
Mailing Address		
City	State	Zip
Home Phone	Work Phone	Email Address

- Amount of coverage applied for:  \$25,000
- Are you currently working at least 20 hours per week at your regular occupation and place of business?  Yes  No
- Will any of the insurance proposed in this application replace, discontinue or change any life insurance or annuities now in force?  Yes  No  
*If yes, please explain* \_\_\_\_\_

## 2. Provide us with this health information

- Have you had or been treated for heart trouble, stroke, diabetes or cancer?  Yes  No
- Have you ever had or been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), disorders of the immune system or tested positive for antibodies to the HIV virus?  Yes  No
- Have you ever sought help or received counseling or treatment for anxiety/depression, alcohol or drug abuse, or are you currently using illegal drugs?  Yes  No

## 3. Beneficiary information

List one or more beneficiaries below. List the percent each will receive. The total must equal 100 percent.

Name	Address	Relationship	Percent

## 4. Read this information carefully, then sign and date below

- To the best of my knowledge and belief, the information I've provided is complete and correct.
- I understand and agree that no coverage shall take effect unless this application is approved by ReliaStar Life Insurance Company.
- I understand my coverage begins on the "effective date" assigned by the Company and the due premium is paid in my lifetime.

**Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**

<b>Your Signature</b>	<b>Date Signed</b>
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