

A special benefit to you as a new AFT member - \$12,000 No-Cost Life Insurance

Activator Form Enrollment for Group Term Life and Accidental Death & Dismemberment Insurance

Underwritten by: Metropolitan Life Insurance Company, New York, NY

MEMBER'S PERSONAL INFORMATION

Member's Name	Social Security No.	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date
Street Address	City	State	Zip Code
E-Mail Address	Phone No.		
Beneficiary's Name	Relationship to Me		
<input type="checkbox"/> Yes, I elect \$12,000 of Group Term Life and Accidental Death & Dismemberment Insurance which is available to me at no cost for one full year as a new AFT member. I want to be covered under the group plan for the benefits which I am or may become eligible for, as requested below.			

AFT INFORMATION

AFT Local Name	AFT Local No.	AFT Membership Date
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You must complete, sign and return this form and it must be received within ninety days of the date that you become a new member of AFT or become aware of this program by receipt of a new member activation package, in order to become insured for \$12,000 of Group Term Life Insurance and Accidental Death & Dismemberment Insurance for one year at no cost to you. In no event will you be eligible for this non-contributory coverage beyond 12 months from your date of membership. The premiums for this insurance are being paid by AFT only for one year from the effective date.

I hereby certify that all statements and answers in this form are full, complete, and true to the best of my knowledge and belief. I understand that to be eligible for coverage I must be a new AFT member, actively working, and not currently insured under the Group Term Life and Accidental Death & Dismemberment Insurance plan for AFT members. I understand that my coverage will become effective on the first day of the month after this completed and signed form is received at the offices of the AFT PLUS insurance program administrator.

Any person who knowingly and with intent to defraud any insurance company or other person files an AFT application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Signature of Member

Date

The American Federation of Teachers provides this No Cost Term Life and Accidental Death & Dismemberment Insurance for one year as a benefit of your AFT membership.

For questions: call toll-free 888/423-8700, or visit www.aftinsurancecenter.org