

PROTECTPAKSM 4 BY AIG BENEFIT SOLUTIONS[®]

Simple and affordable protection — designed for you

BENEFITS
ENROLLMENT
GUIDE

Look inside for important information
about the benefits available to you

FOR USE IN ALABAMA, ALASKA, ARIZONA, ARKANSAS, COLORADO, DELAWARE,
DISTRICT OF COLUMBIA, FLORIDA, IOWA, KANSAS, LOUISIANA, MICHIGAN,
MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA,
RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TENNESSEE, UTAH AND WYOMING



HOW TO ENROLL

Applying for coverage is simple.

STEP 1

Review the benefits presented in this enrollment guide.

STEP 2

Complete the forms at the end of the guide.

STEP 3

Return the completed forms to your benefits representative.

Simple and Affordable Protection — Designed for You

The insurance market can seem overwhelming at times, with many choices and types of plans to protect you and your family. ProtectPak 4 keeps things simple — and affordable — by offering a package of insurance plans designed to provide you with well-rounded coverage.

These plans, which can form the foundation of your financial protection, are offered through AIG Benefit Solutions®.

Package Options

You can choose from the following three package options: Low, Mid and High. Plan details are represented side-by-side for you to easily compare benefits by product. You will not be able to mix and match benefits from one package to another.

Benefits Snapshot			
	Low	Mid	High
Your Benefits	Term Life <ul style="list-style-type: none"> ▪ \$10,000 benefit ▪ \$5,000 for spouse, if elected ▪ \$2,500 for child(ren), if elected Short-Term Disability (Non-Occupational) \$150 weekly benefit for employee only Accident Insured for accident-related injuries such as fractures and dislocations; also includes hospital admissions Critical Illness \$5,000 benefit	Term Life <ul style="list-style-type: none"> ▪ \$25,000 benefit ▪ \$12,500 for spouse, if elected ▪ \$5,000 for child(ren), if elected Short-Term Disability (Non-Occupational) \$200 weekly benefit for employee only Accident Insured for accident-related injuries such as fractures and dislocations; also includes hospital admissions Critical Illness \$5,000 benefit plus monthly cancer treatment benefits for chemotherapy, radiation, anti-nausea medication and experimental treatment	Term Life <ul style="list-style-type: none"> ▪ \$50,000 benefit ▪ \$25,000 for spouse, if elected ▪ \$10,000 for child(ren), if elected Short-Term Disability (Non-Occupational) \$250 weekly benefit for employee only Accident Insured for accident-related injuries such as fractures and dislocations; also includes hospital admissions Critical Illness \$10,000 benefit plus monthly cancer treatment benefits for chemotherapy, radiation, anti-nausea medication and experimental treatment
Your Weekly Cost	You: \$7.90 You and Spouse: \$13.50 You and Child(ren): \$11.98 Family: \$17.58	You: \$12.60 You and Spouse: \$19.80 You and Child(ren): \$17.10 Family: \$24.75	You: \$16.65 You and Spouse: \$25.65 You and Child(ren): \$22.05 Family: \$31.05

For a more complete list of plan details by product, please view the following pages.

Group Term Life Insurance

Life insurance offers protection from life's unforeseen events — ensuring that immediate expenses, as well as long-term obligations, can still be met.

Sometimes those left behind are forced to tap into college savings, sell the family home or take an additional job just to make ends meet. Life insurance helps by paying a death benefit directly to your family.

You can enjoy greater peace of mind knowing you're taking an important step today to help protect your family tomorrow.

Benefits at a Glance

Plan Features	Plan Details
Term Life Coverage ¹	<ul style="list-style-type: none">■ Employee: Low \$10,000 Mid \$25,000 High \$50,000■ Spouse: Low \$5,000 Mid \$12,500 High \$25,000■ Dependent Child(ren): Low \$2,500 Mid \$5,000 High \$10,000
Eligibility	<ul style="list-style-type: none">■ Employee: Active, full-time employees who work the minimum required hours per week, working and residing in the US■ Spouse: Your spouse is eligible if he or she is under age 70■ Dependent Child(ren): Dependent children are eligible from live birth to 23 years of age — to remain eligible for this coverage, children age 19 to 23 should be attending an accredited college or university on a full-time basis and be wholly dependent on the employee for support
Age Reduction	Coverage will reduce by 35 percent at age 65 and 50 percent at age 70
Waiver of Premium	If you become totally disabled (as defined in your policy) before age 65 and are no longer able to work, your life premium payments will be waived during the period of disability
Accelerated Death Benefit	Allows you to receive a portion, 75 percent up to \$250,000 of your life insurance funds, before death, if diagnosed with one or more qualifying conditions
Conversion Privilege	Included
Portability	Included

¹ Amount of spouse and/or dependent child coverage may vary by state law and is subject to limits imposed by individual states.

Group Short-Term Disability Insurance

Your ability to earn a living is your most valuable asset. If you lost the ability to work — even for a short period of time — because of an illness or injury that occurred outside of the workplace, what options would you have? Short-term disability insurance can help you pay your bills by replacing a portion of your income — to help you get through a difficult time.

Benefits at a Glance for Employees Only

Plan Features	Plan Details
Employee Eligibility	Active, full-time employees who work the minimum required hours per week, working and residing in the US
Minimum Weekly Benefit	\$25
Maximum Weekly Benefit (not to exceed 60 percent of basic weekly earnings)	Low: \$150 Mid: \$200 High: \$250
Benefit Duration	26 weeks
Elimination Period	14 days for injury / 14 days for sickness
Definition of Disability During the Elimination Period	Total disability
Maternity Same as Sickness	Included
Pre-Existing Condition Exclusion	3/12
Waiver of Disability Premium	Included
Partial Disability Provision	Proportionate loss

Group Accident Insurance

Accidents are by nature unpredictable, and the costs arising from accident-related injuries can be startling. While some expenses may be covered by most medical plans, others — such as travel to distant treatment facilities — may not be. Accident insurance pays benefits when you or a family member (depending on your coverage) becomes injured as the result of a covered accident.

Benefit Payments for Low, Mid and High Packages

Death ²		Paralysis ²	
Accidental Death	\$20,000	Hemiplegia	\$2,500
Dismemberment ²		Paraplegia	\$5,000
Both Hands or Both Feet	\$25,000	Quadriplegia	\$10,000
Hearing in One Ear	\$12,500	Uniplegia	\$250
One Hand and One Foot	\$25,000	Surgery-Related	
One Hand and Sight of One Eye	\$25,000	Ambulatory Surgery (per visit)	\$200
One Hand or One Foot	\$12,500	Anesthesia (percentage of the surgery schedule)	25%
One or More Fingers or Toes	\$500	Blood, Plasma and Platelets	\$200
Sight of Both Eyes	\$25,000	Surgery (percentage of the surgery schedule)	100%
Sight of One Eye	\$12,500	Other	
Speech and Hearing in Both Ears	\$25,000	Coma	\$10,000
Thumb or Index Fingers of Same Hand	\$2,500	Common Carrier	\$20,000
Dislocation ³		Concussion	\$150
Ankle, Collar Bone, Elbow, Hip, Jaw, Knee, Shoulder	\$4,000	Continuous Care (per day; the lesser of 30 days or the number of days paid for the immediately preceding hospital confinement)	\$30
Fracture-Related ⁴		Health Screening (one test per calendar year)	\$50
Hip	\$5,000	Lodging Benefit (per day; up to a maximum of 30 days and \$3,000 per calendar year)	\$100
Ankle, Cheek Bone, Coccyx, Collar Bone, Elbow, Foot, Forearm, Hand, Heel, Kneecap, Lower Jaw, Lower Leg, Neck, Pelvis, Shoulder Blade, Skull, Sternum, Thigh, Upper Arm, Vertebra, Wrist	\$1,500	Prosthesis	\$250
Rib	\$500	Severe Burn	\$10,000
Hospital-Related			
Ambulance to/from Hospital (four per calendar year; ground only)	\$100		
Ambulance to/from Hospital (four per calendar year; air only)	\$500		
Emergency Room (per day; up to four per year)	\$100		
Hospital Admission	\$500		
Hospital Confinement (per day; up to 90 days per occurrence)	\$200		
Intensive Care Unit (per day; maximum of 30 days)	\$150		
Transportation to Non-local Hospital via aircraft/railroad/bus (outside 100-mile radius)	Actual charges up to \$350 per round trip and up to \$1,000 or six round trips per calendar year		

² The spouse benefit is 50 percent of the employee amount and the child benefit is 25 percent of the employee amount.

³ Not paid under surgical benefits; maximum dislocation and fracture benefit is \$10,000.

⁴ The largest benefit amount will be paid from either this schedule or the surgical schedule; maximum dislocation and fracture benefit is \$10,000.

Group Critical Illness Insurance

Even with excellent medical insurance, just one critical illness can possibly cripple one's financial standing. Being diagnosed with a critical illness can generate costs that may or may not be covered by traditional health plans.

Non-medical related expenses and out-of-pocket costs such as co-pays, deductibles, loss of income, as well as experimental drug treatments are frequently not covered by health insurance. A critical illness insurance policy can help you cover these costs, leaving your family savings intact.

Benefits at a Glance

Plan Features	Plan Details
Issue Ages	<ul style="list-style-type: none"> ■ You and your spouse: 18–69 ■ Your dependent child: Under age 23; to 25 if a full-time student
Employee Benefit Amount	Low: \$5,000 Mid: \$5,000 High: \$10,000
Dependent Spouse Benefit	100 percent of employee amount (employee must apply for coverage to be eligible)
Dependent Child Benefit	25 percent of the employee amount; no additional cost
Additional Diagnosis Benefit	An additional benefit will be paid upon the diagnosis of a subsequent condition for which benefits have not been previously paid; there is no time period that must separate the two conditions
Recurrence Benefit	If an insured receives the full benefit for a covered condition and is later diagnosed with the same condition, the full benefit will be paid again, as long as the two dates of diagnosis are at least 12 months apart (applies only to the following critical illnesses: stroke, renal failure, invasive cancer and heart attack)
Benefit Reduction	At age 70, the benefit reduces to 50 percent of the face amount
Waiting Period	30 days from the effective date of coverage for the first diagnosis of a critical illness
Covered Conditions and Benefits⁵ for Low, Mid and High Packages	
Heart Attack, Stroke, Invasive Cancer, Major Organ Transplant, Renal Failure	100%
In Situ Cancer, Loss of Sight, Speech or Hearing, Coma, Coronary Artery Bypass	25%
Health Benefit Screening for Low, Mid and High Packages	
Health Screening	\$50 (one test per calendar year)
Monthly Cancer Treatment Benefits for Mid and High Packages	
Chemotherapy and Radiation (not available for the low package)	Actual charges up to \$1,000 per month; no lifetime maximum
Antinausea Medication (not available for the low package)	Actual charges up to \$100 per month; no lifetime maximum
Blood and Plasma (not available for the low package)	<ul style="list-style-type: none"> ■ Inpatient: \$2,000 lifetime limit ■ Outpatient: \$3,000 lifetime limit
Experimental Treatment (not available for the low package)	Actual charges up to \$300 per day; not payable on the same day that radiation or chemotherapy benefit is payable; no lifetime maximum
Death Benefit for Mid and High Packages	
Cancer Death Benefit (not available for the low package)	\$5,000

⁵ Benefit payable as percentage of face amount. Partial benefits for coma, coronary artery bypass, or loss of sight, hearing or speech do not reduce any of the other critical illness benefits.

Limitations and Exclusions (state variations may apply)

Term Life

No life insurance benefit will be payable under the policy for an insured (or insured's dependents) death caused by suicide or self-destruction, or any attempt at suicide or self-destruction, within 24 months after his or her effective date of coverage under the policy.

Note: Exclusions may change based on the plan provisions included in your plan. See the group policy for full and complete details.

STD Pre-existing Conditions and Exclusions

Pre-existing condition means an injury or sickness that occurred within three months just before the effective date of coverage, or the effective date of any individually elected increase under the group policy, or the effective date of an increase due to a policy amendment for which the insured:

- Incurred charges.
- Received medical treatment, consultation, care or services, including diagnostic measures.
- Took prescribed drugs or medicines.

If a disability is due to, caused by or contributed to by a pre-existing condition, and it begins in the first 12 months after the effective date of coverage, or the effective date of any individually elected increase under the group policy, or the effective date of an increase due to a policy amendment, no benefits will be paid.

STD Exclusions and Assumptions

- Evidence of insurability is required for all late entrants.
- The group policy does not cover any disability caused by, contributed to by or resulting from:
 - Loss of professional license, occupational license or certification.
 - Intentionally self-inflicted injuries, while sane or insane.
 - Active participation in a riot.
 - Attempting to commit a crime, or commission of a crime for which the insured has been convicted under federal or state law.
 - Insurrection, war, declared or undeclared, or any act of war.
- The company will not pay a benefit for any period of disability during which the insured is incarcerated as a result of a conviction.

Benefit is based on a flat plan, if elected.

The Certificate of Insurance will provide details on benefit percentages, rates, effective date of coverage and other important coverage information.

Occupational sickness or injuries are excluded; however, disability due to occupational sickness or injury for partners, professional corporation (PC) partners, owners-employees or sole proprietors and/or S-Corporation shareholders that cannot be covered by workers' compensation law, occupational disease law or similar law will be covered.

This plan can be used to supplement state plans in California, New Jersey, New York and Rhode Island.

Accident Exclusions

- If an insured person suffers one or more injuries from the same accident for which amounts are payable under more than one of the following benefits, the maximum amount payable under all of the benefits combined will not exceed the amount payable for one of those losses, the largest: accidental death benefit, accidental dismemberment benefit, paralysis benefit, dislocation and fracture benefit.
- No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:
 - suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or any act of auto-eroticism.
 - travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the insured person is:
 - riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.
 - performing, learning to perform or instructing others to perform as pilot or crew member of any aircraft.
 - riding as a passenger in an aircraft owned, leased or operated by the insured person's employer.
- Declared or undeclared war, any act of declared or undeclared war.
- Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority (Unearned premium for any period for which the insured person is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
- The insured person's being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
- The insured person's being under the influence of drugs unless taken under the advice of and as specified by a physician.
- The insured person's commission of or attempt to commit a felony.
- Services and supplies which are not prescribed by a physician as necessary to treat an injury; are received without charge or legal obligation to pay; would not normally be paid in the absence of insurance; are received outside of the United States; or are received while incarcerated by legal authorities of any state or country for any reason.
- Dental treatment unless due to an injury.
- Cosmetic care, except for reconstructive plastic surgery required as a result of injury; to restore a normal bodily function; to improve functional impairment by anatomic alteration made as necessary as a result of a congenital birth defect; or for breast reconstruction following mastectomy.
- Services and supplies, which are not due to an injury except as specifically provided.
- Mental or nervous disorders or substance abuse.

- Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event (except participating in a covered activity).
- Driving any taxi for wage, compensation or profit.
- Mountaineering using ropes and/or other equipment; parachuting; or hang gliding.
- Custodial care or rest.
- Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
- Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
- Medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
- Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary.

Critical Illness

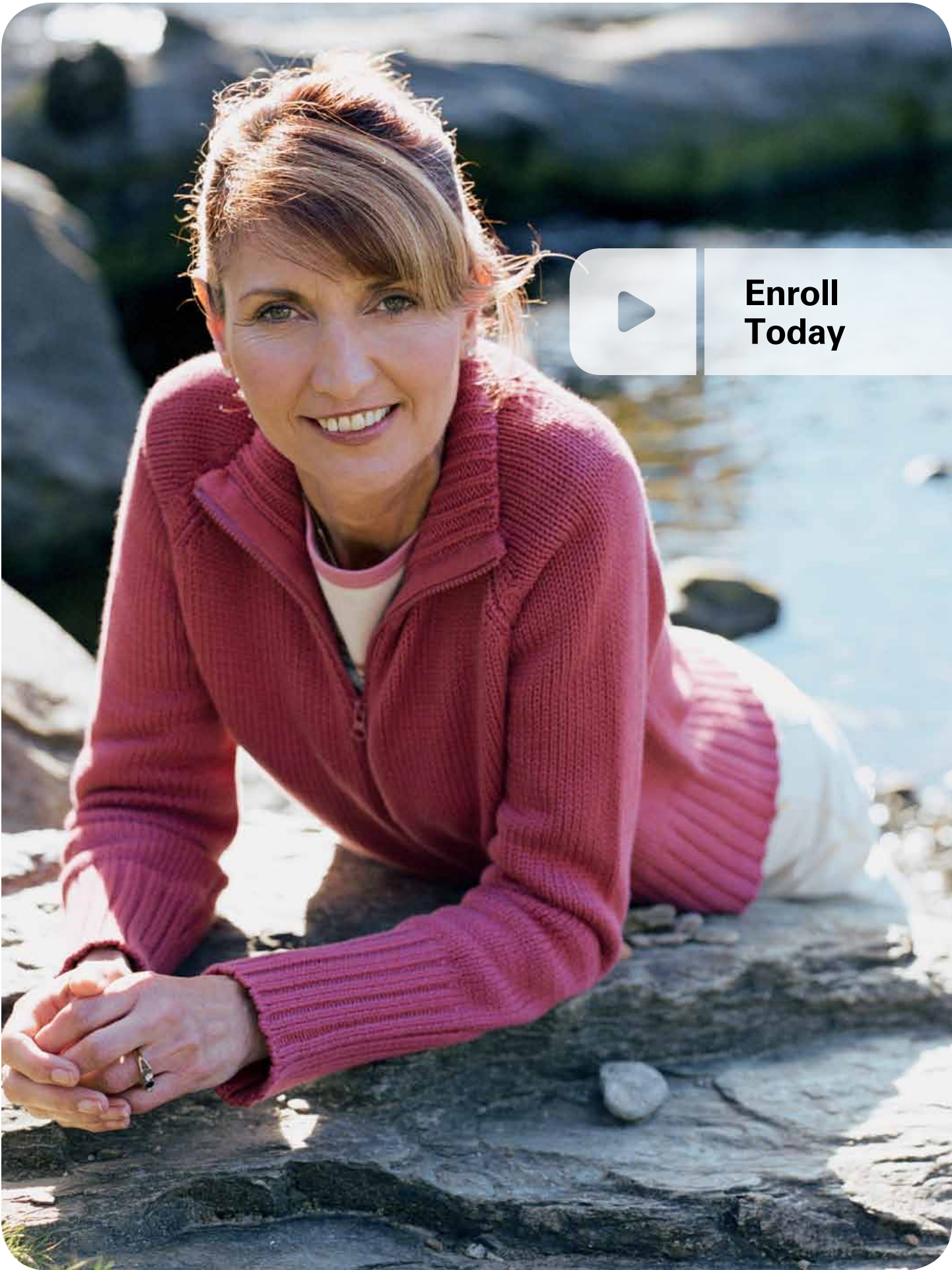
Pre-existing Condition Limitation

Benefits under this policy are not payable in connection with a pre-existing condition during the initial 12 consecutive months the insured person has been enrolled for coverage under this policy. A critical illness resulting from a pre-existing condition commencing thereafter will be covered unless otherwise excluded from the policy. A pre-existing condition means an injury or sickness for which you incurred charges, received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicines, or had symptoms for which an ordinarily prudent person would have consulted a physician during the 12 months immediately preceding the coverage effective date under this policy.

Critical Illness Exclusions

This policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- The insured person's suicide, or intentional self-inflicted injury or sickness, while sane or insane.
- The insured person's being under the influence of an excitant, depressant, hallucinogen, narcotic, other drug; or intoxicant including those taken as prescribed by a physician.
- The insured person's commission of or attempt to commit an assault or felony.
- The insured person's engaging in an illegal activity or occupation.
- The insured person's voluntary participation in a riot.
- Any illness, loss or condition specifically excluded from the definition of any critical illness.
- War, declared or not, however this does not include loss due to terrorism.
- Balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure.



Now that you've reviewed your available benefits, please:

STEP 1

Complete the package selection form and the corresponding application.

STEP 2

Sign the last page of the application.

STEP 3

Deliver the completed forms to your benefits representative.

Wilmington, Delaware

Administrative Office: P.O. Box 30083, Tampa, FL 33630-3083

1. Name _____
 FIRST *MIDDLE* *LAST*

2. Select Coverage: ☐ Employee
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Full Family
☐ Refused

3. Select Package: ☐ Low ☐ Mid ☐ High

Wherever the term spouse appears can also read as domestic partner (DP).

ProtectPak SM 4					
LOW	Weekly Cost Employee \$7.90 Employee & Spouse/DP \$13.50 Employee & Child(ren) \$11.98 Family \$17.58	Term Life Included Employee: \$10,000 Spouse: \$5,000 Child(ren): \$2,500	Short-Term Disability (Non-Occupational) Included \$150/week*	Accident Included	Critical Illness Included Employee: \$5,000 Spouse: \$5,000 Child(ren): \$1,250
MID	Weekly Cost Employee \$12.60 Employee & Spouse/DP \$19.80 Employee & Child(ren) \$17.10 Family \$24.75	Term Life Included Employee: \$25,000 Spouse: \$12,500 Child(ren): \$5,000	Short-Term Disability (Non-Occupational) Included \$200/week*	Accident Included	Critical Illness Included + monthly cancer treatment benefits for chemotherapy, radiation, antinausea medication and experimental treatment Employee: \$5,000 Spouse: \$5,000 Child(ren): \$1,250
HIGH	Weekly Cost Employee \$16.65 Employee & Spouse/DP \$25.65 Employee & Child(ren) \$22.05 Family \$31.05	Term Life Included Employee: \$50,000 Spouse: \$25,000 Child(ren): \$10,000	Short-Term Disability (Non-Occupational) Included \$250/week*	Accident Included	Critical Illness Included + monthly cancer treatment benefits for chemotherapy, radiation, antinausea medication and experimental treatment Employee: \$10,000 Spouse: \$10,000 Child(ren): \$2,500

*Employee coverage only

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☐ Decreasing Coverage

Please print or type all information requested.

Group Policy Number _____ **Division** _____

Please complete all sections of the application to avoid delays.

Employee's Annual Salary_____ **Hire Date** _____

Job Title _____

Actively at Work _____ Yes _____ No

1. Name of Employer/Association/Union _____

2. Employee's/Member's Full Name _____

FIRST MIDDLE LAST

3. Home Address _____

NUMBER	STREET	CITY	STATE	ZIP

Home Telephone Number _____ Email Address _____

4. Complete the following for employee/member, spouse/domestic partner (DP) and dependents requesting coverage.
****Wherever the term spouse appears can also read as domestic partner (DP) throughout the application.**

	Name	Age	Date of Birth mm/dd/yyyy	Sex	Place of Birth	Height	Weight	Social Security #
EE						ft. in.	lbs.	
SP/DP**						ft. in.	lbs.	
CH						ft. in.	lbs.	
CH						ft. in.	lbs.	

American General Life Insurance Company of Delaware*

Wilmington, Delaware

Administrative Office: P.O. Box 30083, Tampa, FL 33630-3083

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Complete the following questions	EMPLOYEE/ MEMBER	SPOUSE/DP
5. Has any Proposed Insured ever been diagnosed as having or been treated by any member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), for AIDS Related Complex (ARC), or for any disorder of the immune system, or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. In the past 90 days immediately prior to the date of this application, has any Proposed Insured been physically incapable of working, or incapable of performing normal daily activity, excluding pregnancy, for more than 3 consecutive days?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. In the last 5 years, has any Proposed Insured been diagnosed or received medical advice for cancer, leukemia, melanoma, malignant tumor, Hodgkin's disease, or non-Hodgkin's lymphoma?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. In the last 5 years, has any Proposed Insured:		
a. Sought or received counseling or treatment by a medical professional for any alcohol and/or drug addictions and/or substance abuse, including abuse of drugs prescribed by a physician?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Used cocaine, marijuana, heroin, controlled substance, or a drug requiring a prescription that was not legally prescribed by a physician?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Been diagnosed as having or been treated for, or consulted a licensed health care provider for disease or disorder of the nervous system (seizure, disorder of the brain or spinal cord or any other nervous system disorder), paralysis, stroke, or transient ischemic attack (TIA), diabetes, disease or disorder of the lung, liver, heart, or blood vessels, heart attack, or uncontrolled high blood pressure, kidney failure, polycystic kidneys or abnormal kidney function, familial adenomatous polyposis Gardner's syndrome or multiple sclerosis?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Had an organ transplant or been advised of the need of an organ transplant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If "yes" to any part of questions 5 through 8, give details on the following table. Use a separate sheet of paper if more space is needed for answers.

Question No.	Does Question Apply to Employee or Spouse/DP	Condition	Date Occurred	Duration	Degree of Recovery	Names & Addresses of Physicians/Hospitals/Clinics Consulted

SIGNATURE IS REQUIRED ON NEXT PAGE

American General Life Insurance Company of Delaware*

Wilmington, Delaware

Administrative Office: P.O. Box 30083, Tampa, FL 33630-3083

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AUTHORIZATION

1. I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the MIB, Inc., or other organization, institution or person that has any records or knowledge of me or my health, to give to American General Life Insurance Company of Delaware or its reinsurers any such information. Such information will pertain to my employment, or other insurance carrier or medical care, advice, treatment or supplies for any physical or mental condition. This includes information obtained in connection with the preparation or procurement of an investigative consumer report as defined under the Fair Credit Reporting Act(s). To facilitate the rapid submission of such information, I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by American General Life Insurance Company of Delaware to collect and transmit such information. 2. I understand that this information will be used by American General Life Insurance Company of Delaware solely to determine eligibility for insurance. 3. I understand that I may revoke this authorization at any time. I agree that such revocation will not affect any action which American General Life Insurance Company of Delaware has taken in reliance upon this authorization. I understand this authorization will not be valid after 24 months, if not revoked earlier. 4. I know that I should retain a copy of this authorization for my records. 5. I agree that a photocopy of this authorization is as valid as the original. 6. To the best of my knowledge and belief, all statements made above are true and complete. All statements are representations and not warranties. 7. I understand that my application for group insurance will be accepted or declined on the basis of these statements. Insurance will take effect only if a certificate is issued based on this application and the first premium is paid in full (a) during the lifetime of all proposed insured's; and (b) while there is no change in the insurability or health of such person from that stated in the application. 8. I authorize deductions from earnings for the costs of this insurance. 9. I designate the beneficiary named on this form to receive the proceeds, if any payable upon my death.

DATE SIGNED➤ _____
SIGNATURE OF EMPLOYEE/MEMBER

➤ Witness to above Signature(s): _____

BENEFICIARY DESIGNATION

Unless you otherwise request below, the employee/member named in 2 above will be the beneficiary of any spouse and children insurance applied for, and the spouse named in 4 above will be the beneficiary of any employee/member insurance applied for. For an employee/member, if you have no spouse or children and no one is named below, proceeds will be payable to the estate of the insured.

Beneficiary of Employee
and Relationship _____Beneficiary of Spouse
and Relationship _____**For Administrative Use Only (if Agent is involved)**_____
Agent Name_____
License Number_____
Agent Signature

American General Life Insurance Company of Delaware*

Wilmington, Delaware

Administrative Office: P.O. Box 30083, Tampa, FL 33630-3083

*This company does not solicit business in New York.**These Notices must be retained by the applicant****MIB DISCLOSURE NOTICE**

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

The Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

NOTICE AS REQUIRED UNDER THE FAIR CREDIT REPORTING ACT(S)

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be requested for the preparation of a report whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted or who may have knowledge of any such items of information. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request to be informed as to whether or not such consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may receive a copy of this report by contacting such agency.

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Important Notice

For residents of Arkansas, Louisiana, Maryland and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of the District of Columbia: 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.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 is a crime and subjects such person to criminal and civil penalties.

NOTES

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