



Please complete the information below and return to: ASCE Plan Administrator, PO BOX 3930, Peoria, IL 61612-3930
Residents of Puerto Rico, please return application to: Global Insurance Agency, P.O. Box 9023918, San Juan, Puerto Rico 00902-3918

ASCE GROUP 10-YEAR LEVEL TERM LIFE INSURANCE APPLICATION

NOTE: PLEASE PRINT IN INK OR TYPE. DO NOT USE CORRECTION FLUID OR GEL PENS. INITIAL AND DATE ANY CHANGES YOU MAKE.

1. MEMBER INFORMATION

Full Name: _____ Date-of-Birth (MM/DD/YY): _____

Street Address: _____ Height: _____ Weight: _____

City: _____ State (or Province): _____ ZIP: _____ Social Security #: [] [] [] - [] [] - [] [] [] []

Email: _____ Work Phone: _____ Home Phone: _____

For internal use only. Email address will never be sold or shared

Marital Status: Married Divorced Widowed Single Domestic Partner Fax Number: _____

Are you currently insured under this or any other ASCE Life Plans? Yes No

If "Yes," indicate which plan(s) and provide details below (person insured and amount of insurance):

Term Life 10-Year Level Term Life 20-Year Level Term Life Details: _____

	DATE OF BIRTH (MM/DD/YR):	HEIGHT:	WEIGHT:	SEX:
<input type="radio"/> Member Full Name†: _____	____/____/____	____ft. ____in.	____lbs.	<input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Spouse Full Name†: _____	____/____/____	____ft. ____in.	____lbs.	<input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Child*: _____	____/____/____	____ft. ____in.	____lbs.	<input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Child*: _____	____/____/____	____ft. ____in.	____lbs.	<input type="radio"/> M <input type="radio"/> F

† Member date of birth must also be provided when requesting spouse coverage only.

* See Plan information for definition of eligible dependents. If more than two children are proposed for insurance, attach a separate sheet. Please sign and date the additional sheet.

In the next 12 months, does any person proposed for insurance intend to reside outside the U.S. or Canada?

Member: Yes No Country(ies): _____ If "Yes," for how long? _____

Spouse: Yes No Country(ies): _____ If "Yes," for how long? _____

2. MEMBER AFFILIATION

Membership in ASCE is required for participation in this plan: ASCE Membership #: _____

3. INSURANCE REQUESTED: Refer to Plan Information for eligibility, principal sums, premium, and coverage description

A. I hereby apply for the following Group 10-Year Level Term Life Coverage:

MEMBER OPTION: Insurance Requested: \$ _____ **CHILD OPTION*:** \$10,000 NONE
 SPOUSE OPTION: Insurance Requested: \$ _____ *Member coverage must be in force to request child coverage.

B. TOBACCO/NICOTINE USE:

Have you or your spouse (if proposed for coverage) used tobacco or any nicotine substitute in any form (including nicotine patches and nicotine chewing gum)?
Member: Yes No **Spouse:** Yes No
 PRODUCT: _____ PRODUCT: _____
 *If "Yes," please state when you last used tobacco or nicotine and specify the product. LAST USED: _____ LAST USED: _____

C. INSURANCE REPLACEMENT: IMPORTANT REPLACEMENT INFORMATION FOR RESIDENTS OF NEW YORK:

It may not be in your best interest to replace existing life insurance policies or annuity contracts in connection with the purchase of a new life insurance policy, whether issued by the same or a different insurance company. A replacement will occur if, as part of your purchase of a new life insurance policy, existing coverage has been, or is likely to be, lapsed, surrendered, forfeited, assigned, terminated, changed or modified into paid-up insurance or other forms of benefits, loaned against or withdrawn from, reduced in value by use of cash values or other policy values, changed in the length of time or in the amount of insurance that would continue, or continued with a stoppage or reduction in the amount of premium paid. Prior to completing a replacement transaction, you may want to contact the insurance company or agent who sold you the life insurance or annuity contract that will be replaced, to help you decide whether the replacement is in your best interest.

RESIDENTS OF NEW YORK: I have read the Important Replacement Information above. Yes No
 Is the life insurance applied for intended to replace, in whole or in part, any existing insurance or annuity?
Member: Yes No **Spouse:** Yes No

RESIDENTS OF OTHER STATES: Is the insurance applied for intended to replace, discontinue, or change an existing policy?
Member: Yes No **Spouse:** Yes No

ALL RESIDENTS: Do you have other life insurance in force? If "Yes," total amount in all companies:
Member: \$ _____ **Spouse:** \$ _____
 Do you have other insurance applications pending? If "Yes," indicate amount and company:
Member: \$ _____ **Company:** _____
Spouse: \$ _____ **Company:** _____

4. BENEFICIARY DESIGNATION: Insert name, relationship, and social security number.

I make the following **beneficiary designation** with respect to all the insurance on my life under this **Group 10-Year Level Term Life Insurance Plan**, and if I am already covered under the Plan, I hereby revoke any prior beneficiary designation. The beneficiary for dependent coverage shall be the insured member as provided in the Group Policy. (If you want to name a different beneficiary for spouse coverage, more than one beneficiary, or a trust, please contact the Plan Administrator.) (1) In naming more than one beneficiary, please note if each is to be primary and/or secondary, and the percentage of death proceeds to be distributed to each. (2) If naming a trust, please indicate the full name and date of the trust. (Attach a separate sheet if necessary, then sign and date it.)

Beneficiary Name: _____ Date of Birth: _____
 Last First Middle Initial

Relationship to Member: _____ Social Security #: [] [] [] - [] [] - [] [] [] []

Address: _____ Phone Number: _____

ASCE GROUP 10-YEAR LEVEL TERM LIFE (CURRENT 2020 ANNUAL PREMIUM RATES PER \$1,000 OF INSURANCE)

M= MALE RATES F=FEMALE RATES

Male and Female Issue Age	Amounts \$100,000-\$249,000						Amounts \$250,000-\$499,000						Amounts \$500,000-\$2,000,000					
	Preferred Rate		Select Rate		Standard Rate		Preferred Rate		Select Rate		Standard Rate		Preferred Rate		Select Rate		Standard Rate	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
20-23	0.70	0.63	0.78	0.72	1.91	1.62	0.47	0.41	0.56	0.48	1.66	1.40	0.42	0.36	0.52	0.45	1.60	1.34
24-25	0.70	0.63	0.78	0.72	1.92	1.62	0.47	0.41	0.56	0.48	1.68	1.40	0.42	0.36	0.52	0.45	1.61	1.34
26-27	0.70	0.63	0.78	0.72	1.92	1.62	0.47	0.41	0.56	0.48	1.68	1.40	0.42	0.36	0.52	0.45	1.62	1.34
28	0.70	0.63	0.78	0.72	1.94	1.64	0.47	0.41	0.56	0.48	1.70	1.41	0.42	0.36	0.52	0.45	1.64	1.35
29	0.70	0.63	0.78	0.72	1.96	1.64	0.47	0.41	0.56	0.48	1.71	1.41	0.42	0.36	0.52	0.45	1.65	1.35
30-34	0.70	0.63	0.78	0.72	1.97	1.67	0.47	0.41	0.56	0.48	1.73	1.42	0.42	0.36	0.52	0.45	1.66	1.36
35	0.70	0.63	0.78	0.72	2.03	1.70	0.47	0.41	0.56	0.48	1.79	1.46	0.42	0.36	0.52	0.45	1.72	1.40
36	0.71	0.64	0.82	0.74	2.12	1.78	0.48	0.42	0.59	0.52	1.86	1.54	0.42	0.36	0.54	0.47	1.80	1.48
37	0.72	0.68	0.84	0.77	2.25	1.91	0.48	0.44	0.60	0.54	1.98	1.66	0.45	0.40	0.56	0.48	1.92	1.60
38	0.77	0.71	0.88	0.81	2.39	2.06	0.52	0.48	0.65	0.58	2.14	1.82	0.47	0.42	0.60	0.53	2.06	1.74
39	0.81	0.74	0.93	0.86	2.58	2.25	0.54	0.52	0.70	0.62	2.33	1.98	0.48	0.47	0.65	0.58	2.25	1.92
40	0.84	0.78	0.98	0.90	2.79	2.40	0.58	0.54	0.75	0.66	2.54	2.15	0.53	0.50	0.70	0.62	2.46	2.08
41	0.89	0.83	1.04	0.96	3.05	2.58	0.62	0.60	0.81	0.72	2.79	2.33	0.58	0.54	0.75	0.68	2.70	2.25
42	0.95	0.88	1.12	1.02	3.35	2.76	0.70	0.65	0.88	0.78	3.08	2.51	0.65	0.60	0.83	0.74	2.99	2.43
43	1.01	0.95	1.19	1.11	3.69	2.99	0.77	0.71	0.95	0.87	3.41	2.72	0.72	0.66	0.90	0.81	3.30	2.63
44	1.07	1.01	1.29	1.18	4.06	3.20	0.84	0.77	1.05	0.94	3.77	2.94	0.78	0.72	0.99	0.89	3.66	2.85
45	1.17	1.06	1.38	1.26	4.44	3.44	0.93	0.83	1.14	1.01	4.14	3.17	0.87	0.78	1.08	0.96	4.04	3.08
46	1.26	1.13	1.50	1.32	4.88	3.69	1.01	0.89	1.25	1.08	4.56	3.41	0.96	0.84	1.19	1.02	4.46	3.30
47	1.38	1.18	1.62	1.40	5.34	3.96	1.10	0.94	1.38	1.16	5.04	3.66	1.04	0.89	1.32	1.10	4.92	3.57
48	1.48	1.24	1.77	1.48	5.85	4.25	1.18	1.00	1.52	1.24	5.52	3.95	1.12	0.94	1.46	1.18	5.40	3.84
49	1.62	1.31	1.92	1.56	6.36	4.54	1.29	1.06	1.66	1.31	6.03	4.24	1.23	1.00	1.60	1.25	5.90	4.13
50	1.76	1.38	2.10	1.67	6.89	4.84	1.41	1.13	1.83	1.41	6.54	4.53	1.35	1.08	1.77	1.35	6.40	4.42
51	1.91	1.48	2.28	1.76	7.40	5.15	1.56	1.22	2.02	1.50	7.04	4.83	1.49	1.16	1.94	1.44	6.88	4.72
52	2.04	1.59	2.46	1.86	7.89	5.46	1.73	1.32	2.21	1.62	7.52	5.15	1.66	1.26	2.13	1.55	7.36	5.03
53	2.21	1.70	2.69	1.98	8.40	5.80	1.91	1.43	2.40	1.73	8.03	5.48	1.84	1.37	2.34	1.66	7.86	5.34
54	2.40	1.82	2.92	2.10	8.99	6.14	2.10	1.56	2.64	1.86	8.61	5.80	2.04	1.49	2.56	1.79	8.42	5.67
55	2.60	1.94	3.18	2.26	9.66	6.48	2.33	1.68	2.90	1.98	9.24	6.15	2.25	1.61	2.81	1.92	9.06	6.00
56	2.82	2.04	3.45	2.40	10.41	6.80	2.55	1.79	3.17	2.14	9.98	6.46	2.46	1.72	3.08	2.06	9.77	6.30
57	3.05	2.16	3.74	2.56	11.20	7.10	2.78	1.89	3.42	2.28	10.76	6.75	2.69	1.83	3.32	2.22	10.55	6.60
58	3.33	2.28	4.06	2.75	12.10	7.42	3.04	2.02	3.75	2.48	11.64	7.06	2.96	1.94	3.65	2.40	11.42	6.90
59	3.64	2.43	4.43	2.94	13.16	7.83	3.35	2.16	4.11	2.67	12.68	7.46	3.24	2.09	4.00	2.58	12.42	7.30
60	4.00	2.61	4.88	3.18	14.39	8.37	3.70	2.34	4.54	2.87	13.89	7.98	3.60	2.27	4.43	2.79	13.62	7.82
61	4.41	2.85	5.38	3.48	15.74	9.06	4.11	2.58	5.04	3.18	15.20	8.67	4.00	2.50	4.92	3.10	14.92	8.49
62	4.85	3.12	5.97	3.78	17.20	9.89	4.58	2.86	5.64	3.50	16.62	9.48	4.47	2.78	5.51	3.41	16.32	9.29
63	5.37	3.44	6.63	4.17	18.92	10.84	5.10	3.18	6.30	3.87	18.30	10.40	4.98	3.10	6.16	3.77	17.97	10.19
64	5.98	3.78	7.38	4.56	21.02	11.90	5.69	3.53	7.05	4.25	20.40	11.44	5.56	3.42	6.89	4.14	20.03	11.21

RATES FOR CHILDREN—\$8.16 annual premium for \$10,000 (maximum amount of life insurance coverage for each child)

The premium contributions shown reflect the current rates and benefit structure and may be payable semiannually (direct billed on March 1 and September 1) or monthly via Pre-Authorized Check Payment Plan or credit card. Send no money now—you will be billed for the appropriate premium upon approval of your application.

While the premium rates are expected to remain level for the term of the plan (10 years), the insurance company has the right to change rates on a class-wide basis. For example, a class is a group of insureds with the same age, gender or risk class.* At the end of the 10-year period, the INSURED MEMBER or INSURED SPOUSE may elect to reapply for 10-Year Level Term Rates covering subsequent 10-year periods based on their then current age, health, and tobacco/nicotine use, if he or she is less than age 65. The INSURED MEMBER'S or INSURED SPOUSE'S CONTRIBUTION will automatically be calculated on a non-guaranteed basis if he or she: (1) is not approved for the 10-Year Level Term Rates; (2) is age 65 or over; or 3) does not elect to reapply for 10-Year Level Term Rates. Please call the Plan Administrator for details.

Montana residents: Male rates apply to everyone regardless of gender.

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen.

Only non-smokers meeting the highest underwriting standards will qualify for "Preferred" rates. Other non-smokers may qualify for higher "Select" or "Standard" rates. Smokers qualify for "Standard" rates only. Upon approval of your application, you will be notified of the rate classification for each approved person.

To qualify as a non-smoker, the insured must not have used tobacco or nicotine in any form for the past 12 months.