



# AFTEA TRICARE Supplement Plan

## Enrollment Form (Montana Residents)

Underwritten by: Monumental Life Insurance Company, Cedar Rapids, IA, a Transamerica Company.

Policyholder: Armed Forces Top Enlisted Association

Group Policy Number: MZ0926079H0000A

### 1. Please fill in as required

First Name	Last Name	Branch of Service:
Address		Member Number (if applicable):
City		Rank/Grade:
State		Date of Birth: / / Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Zip		Home Phone: ( ) -
County of Residence:		Work Phone: ( ) -

MWEBP

### 2. Please complete this section ONLY if you want coverage for your Spouse and/or Children.

Spouse's Full Name: (if coverage is selected):	Spouse's Date of Birth: / /	
Child's Name: (if coverage is selected):	Child's Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Child's Date of Birth: / /
Child's Name: (if coverage is selected - if additional space is needed, attach a separate piece of paper):	Child's Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Child's Date of Birth: / /

3. Are you currently enrolled in CHAMPVA? ☐ Yes ☐ No

4. Check ☒ the appropriate boxes to indicate the coverages you want for yourself and each person you want covered.

#### YOUR MONTHLY PREMIUM RATES \*

##### RETIREE AND FAMILY

\$150/\$300 Plan Deductible			\$300/\$600 Plan Deductible		
Age	Male	Female	Age	Male	Female
Under 40	<input type="checkbox"/> \$26.73	<input type="checkbox"/> \$28.43	Under 40	<input type="checkbox"/> \$17.38	<input type="checkbox"/> \$18.48
40 - 44	<input type="checkbox"/> \$27.80	<input type="checkbox"/> \$29.37	40 - 44	<input type="checkbox"/> \$18.08	<input type="checkbox"/> \$19.09
45 - 49	<input type="checkbox"/> \$31.75	<input type="checkbox"/> \$32.12	45 - 49	<input type="checkbox"/> \$20.65	<input type="checkbox"/> \$20.89
50 - 54	<input type="checkbox"/> \$39.55	<input type="checkbox"/> \$40.52	50 - 54	<input type="checkbox"/> \$25.71	<input type="checkbox"/> \$26.35
55 - 59	<input type="checkbox"/> \$49.02	<input type="checkbox"/> \$51.06	55 - 59	<input type="checkbox"/> \$31.86	<input type="checkbox"/> \$33.19
60 - 64	<input type="checkbox"/> \$54.91	<input type="checkbox"/> \$57.29	60 - 64	<input type="checkbox"/> \$35.70	<input type="checkbox"/> \$37.24
All Children <input type="checkbox"/> \$24.70			All Children <input type="checkbox"/> \$16.06		

ACTIVE DUTY DEPENDENTS: Spouse: ☐ \$10.48 Each Child ☐ \$9.63 There is no Plan Deductible.(Billed Semi-Annually)

\* Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the Insured Person and increase as you enter each new age category.

### 5. Please select the mode of payment most convenient for your budget.

☐ EFT\*\* - Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

\*\* Electronic Funds Transfer: For your personal convenience, you can -- if you wish -- pay your premiums automatically by Electronic Funds Transfer. Use the EFT Authorization Form on the reverse side to ensure convenient, uninterrupted protection.

If you choose to make payment by EFT, please include two (2) months' premium as your initial payment. This is necessary to allow sufficient time for your banking institution to arrange automatic deduction monthly, according to your instructions on the EFT Authorization Form.

— IF PAYING PREMIUMS BY EFT, PLEASE FILL OUT AND SIGN OTHER SIDE OF THIS AUTHORIZATION —

<b>TRICARE Prime User?</b>	<input type="checkbox"/> Member <input type="checkbox"/> Spouse	Check <input checked="" type="checkbox"/> the box(es) at left if you and/or your Spouse use TRICARE Prime. We'll rush you full details about AMS TRICARE Prime Supplement Insurance Plan.	
<b>6. Please read carefully; then sign and return your completed Form to us with your initial premium payment.</b>			
<p>I hereby certify that the above statements are complete and true to the best of my knowledge. I hereby elect to apply for insurance indicated under the TRICARE Supplement program, underwritten by Monumental Life Insurance Company, Cedar Rapids, IA. I understand that my coverage will become effective the first of the month following your receipt of my acceptance certificate and first premium payment.</p> <p>I understand that any injury or sickness, whether diagnosed or undiagnosed, for which any person proposed for coverage has received medical treatment or care within the 6 months immediately preceding their effective date will not be covered until the coverage has been in effect for 6 months. I further understand that new conditions will be covered immediately.</p>			
Signature ➞		Date        /        /	
Signature of Spouse ➞ <small>(If applying for coverage.)</small>		Date        /        /	
<div style="text-align: right;">10/11</div> <p>Complete the following section, if you wish to pay your premiums via automatic Electronic Funds Transfer (EFT) From your Checking account:</p>			
<b>PAYOR'S AUTHORIZATION TO FINANCIAL INSTITUTION</b>			
<p>I hereby request and authorize you to pay and charge to my account electronic premium debits by AmWINS Group Benefits, Inc., Irving, Texas, provided there are sufficient collected funds in my account. I agree that this electronic debit shall be regarded in the same respect as if this were a check drawn on my account and signed by myself. This authority is to remain in effect until revoked by me in writing.</p>			
<b>PAYOR'S AUTHORIZATION TO PLAN ADMINISTRATOR</b>			
<div style="text-align: center;"> <b>BANK INFORMATION</b>          PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE       </div>			
Banking Institution:		Branch	
Address of Branch:			
City:		State:	Zip Code:
Account Number:			
Name of Account (Payor's Name):			
Signature ➞		Date        /        /	
<b>PLEASE ATTACH A BLANK CHECK MARKED "VOID" TO THIS FORM.</b>			

Monumental Life Insurance Company, a Transamerica company, is going through renaming activities with an effective date currently planned to be July 31, 2014. As the transition takes place both Monumental Life Insurance Company and the new name, Transamerica Premier Life Insurance Company, will be in use.