



Application for the Supplemental Group Term Life Insurance Plan

Nazarene Benefits USA (NBUSA) and The Hartford are pleased to offer reasonably priced group term life coverage that could assist you and your loved ones if the unforeseen happens. This plan offers coverage to those under age 70, and premiums increase with age. Under this plan, a qualified minister or church-employed layperson (age 30 to 34) can apply for up to \$500,000 in group term life insurance for as little as \$360 annually. Additionally, a spouse may apply for coverage of up to \$125,000, not to exceed the amount of coverage for the ministerial applicant. This plan requires evidence of good health, unless the insured has experienced, within 90 days, a life event, such as a marriage, birth, receipt of first district ministerial license, ordination, etc. For details and rates, see the *Nazarene Supplemental Insurance Guide* at nbusa.org. If you have questions, phone us at **888.888.4656**.

STEP 1: Complete Personal Information

Name _____ M F

Address _____ E-Mail _____

City, State, Zip _____ Home Phone _____

Date of Birth (mm/dd/yy) _____ Social Security XXX - XX - _____

Employer _____ District _____

Spouse's Name _____

Spouse's Date of Birth (mm/dd/yy) _____ Spouse's Social Security XXX - XX - _____

Names and Ages of Children _____

STEP 2: Select Coverage Amounts

	Coverage Chosen	Annual Premium	
Primary Coverage	_____	_____	(A)

Dependent Spouse Coverage	_____	_____	(B)
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(Maximum dependent coverage is the lesser of primary coverage or \$125,000. Premium is based on age of primary insured.)

Calculate your monthly cost _____ (A+B) ÷ 12 = _____ (C)

Annual Cost Monthly Cost

To calculate your prorated premium, enter the number of **FULL** months until January 1 on line D. _____ (D)

TOTAL DUE (C x D) \$ _____

STEP 3: Verify Eligibility and Complete Life Event Information

Please check the box that best describes you	Please check any of the following life events occurring WITHIN THE LAST 90 DAYS and list dates:
<input type="checkbox"/> District-licensed or ordained Nazarene minister	<input type="checkbox"/> First district license _____
<input type="checkbox"/> Layperson working 30 or more hours per week as a paid employee of a Nazarene church or church agency	<input type="checkbox"/> Ordination _____
<input type="checkbox"/> Full-time song evangelist	<input type="checkbox"/> Marriage _____
	<input type="checkbox"/> First Full-time church assignment _____
	<input type="checkbox"/> Birth of child _____

Note: If you have not had a "life event" within the last 90 days, a personal health application will be required.
It will be sent to you upon receipt of this form.

STEP 4: Designate Beneficiary(ies)

Use this space to designate the primary and secondary beneficiaries for your policy. Note that the total percent for *each category* (primary and secondary) must equal 100%.

Primary Beneficiary(ies): Beneficiaries named in this section will be considered primary.

Name _____ Relationship to Insured _____ Percent of Benefit _____
Address _____
DOB (mm/dd/yy) _____ eMail _____ Phone _____

Name _____ Relationship to Insured _____ Percent of Benefit _____
Address _____
DOB (mm/dd/yy) _____ eMail _____ Phone _____

Secondary Beneficiary(ies): If no primary beneficiary survives, proceeds will be paid to surviving beneficiaries named in this section.

Name _____ Relationship to Insured _____ Percent of Benefit _____
Address _____
DOB (mm/dd/yy) _____ eMail _____ Phone _____

Name _____ Relationship to Insured _____ Percent of Benefit _____
Address _____
DOB (mm/dd/yy) _____ eMail _____ Phone _____

Name _____ Relationship to Insured _____ Percent of Benefit _____
Address _____
DOB (mm/dd/yy) _____ eMail _____ Phone _____

(If you wish to add more beneficiaries, please include the additional information on a separate sheet.)
The beneficiary of any life insurance covering the dependents will be the primary insured.

STEP 5: Payment

Once you have submitted this signed application, we will review the information and contact you with an invoice for payment. Included will be instructions on how to make your payment using our secure online system *myNBUSA*. If you would like another payment option, phone us at **888.888.4656**.

STEP 6: Date and Sign Your Application

Date _____ Signature _____
Please sign in ink

NOTICE OF EFFECTIVE DATE: If no health statements are required, coverage will be effective once your completed application has been approved and premium payment received. Upon approval by The Hartford of any required health statements, coverage will be effective the date the last document needed to establish satisfactory evidence of insurability was signed. Insurance on dependents will not become effective until the primary insured's insurance is effective. If any dependent is confined in a hospital, the effective date for coverage for that dependent will be delayed until final discharge from the hospital.

NBUSA Office Use Only

Received _____ Effective _____
Certificate No. _____ -02



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