

Optional Life Insurance Benefits Available

Along with the EANGNJ, your Association manages the Group Life Insurance Program. With the assistance of American Equity Life Insurance Company we provide direct service to our members.

We offer affordable Life Insurance coverage to \$50,000.00. Overall this program provides excellent coverage for the members and their spouses and features a prompt payment service, generally within 72 hours of an untimely death. Payment of premiums can be facilitated by payroll deductions from your Guard pay or you may make direct payments if you choose.

Highlights:

Life insurance payable in event of death from any cause.

Coverage is twenty-four hours a day, 365 days a year.

No War Clause.

No Aviation Exclusion.

No Suicide Clause.

No Hazardous Duty or Civilian Occupation Restriction.

Full Conversion privilege upon termination regardless of health.

ELIGIBILITY - \$5,000 Basic Benefit

Any member, within the ninety (90) days after joining the National Guard, may enroll at any time prior to the 91st day after joining without furnishing evidence of insurability.

If a member does not apply within the ninety (90) day period after joining the National Guard, they may still apply, but the Company reserves the right to accept or reject their application.

Members have the option of applying for additional insurance, up to \$50,000, by submitting evidence of insurability satisfactory to the Company.

BENEFICIARY

Benefits will be paid to the member's named beneficiary either in a lump sum payment, annual or monthly installments as directed by the beneficiary. If no beneficiary is living at the time of death of the insured member, the amount shall be paid to the duly qualified executors or administrators of the member's estate.

Individual Certificates

Each Member enrolled will receive a certificate giving a complete statement of the benefits as outlined. Attached Riders will detail additional benefits.

Monthly Premiums

Coverage	Premium
\$5,000	\$2.00
\$10,000	\$3.66
\$15,000	\$5.33
\$20,000	\$7.00
\$25,000	\$8.67
\$30,000	\$10.34
\$40,000	\$13.67
\$50,000	\$17.00

Life Insurance For Dependents

Spouse	\$2,000	\$5,000	\$10,000
Children			
14 days to 6 months	\$400	\$1,000	\$2,000
6 months to 2 yrs	\$800	\$2,000	\$4,000
2 years to 3 yrs	\$1,600	\$4,000	\$8,000
3 years to 21 yrs*	\$2,000	\$5,000	\$10,000
*Remains in effect to age 23 if Dependent is Full-Time Student			

Don't delay, sign up now. Click [HERE](#) for more information and to download a printable application form. Follow the mailing instructions on the form. For more information contact the Insurance Administrator at flc.frank@verizon.net

- Please give the full name of the beneficiary.
- DD Form 2558 must accompany the application.
- Be sure to complete the Dependents/Spouse Insurance box (if appropriate); please include your Spouse's first name.

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