

National Guard
Associations
of
OHIO



Insurance Programs

ADMINISTERED BY:

Ohio National Guard Association
P.O. Box 8070
Columbus, OH 43201
(614) 486-4186
(800) 642-6642

UNDERWRITTEN BY:

American Equity Investment Life Insurance Company
Des Moines, Iowa
www.american-equity.com

NOW AVAILABLE *Up To \$50,000*

LIFE INSURANCE BENEFITS

**\$1,000, \$10,000, \$15,000, \$20,000, \$25,000
\$30,000, \$35,000, \$40,000, \$45,000 or \$50,000**

OPTIONAL LIFE INSURANCE BENEFITS

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 (Guard Member)

<u>COVERAGE</u>	<u>PREMIUM</u>
\$10,000.....	\$ 3.66
\$15,000.....	\$ 5.33
\$20,000.....	\$ 7.00
\$25,000.....	\$ 8.67
\$30,000.....	\$10.34
\$35,000.....	\$12.00
\$40,000.....	\$13.67
\$45,000.....	\$15.34
\$50,000.....	\$17.00

LIFE INSURANCE FOR DEPENDENTS

SPOUSE.....	\$5,000.....	\$10,000
CHILDREN		
14 days to 6 months	\$1,000.....	\$ 2,000
6 months to 2 years	\$2,000.....	\$ 4,000
2 years to 3 years	\$4,000.....	\$ 8,000
3 years to 21 years*	\$5,000.....	\$10,000

*Remains in effect to age 23 if Dependent is Full-Time Student

DEPENDENT INSURANCE (Includes Spouse) Cannot exceed 50% of Member's Coverage

\$ 5,000 Coverage -	\$3.33
\$ 10,000 Coverage -	\$6.66

SPOUSE INSURANCE

Cannot exceed Member's Coverage

\$ 5,000 Spouse Insurance.....	\$2.00
\$10,000 Spouse Insurance.....	\$3.66
\$15,000 Spouse Insurance.....	\$5.33
\$20,000 Spouse Insurance.....	\$7.00
\$25,000 Spouse Insurance.....	\$8.67

EXTENSION OF DEATH BENEFITS

We will pay life insurance benefits if an insured meets all of the following conditions:

1. becomes totally disabled before age 60;
2. remains totally disabled until death;
3. dies before reaching age 60; and
4. dies within one year after Life Insurance premiums were last paid

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

**\$1,000 BASIC BENEFIT
\$10,000 OPTIONAL BENEFIT**

Any member, within the ninety (90) days after joining the National Guard, may enroll 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, he may still apply, but the Company reserves the right to accept or reject his 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 TERMINATION

Insurance Coverage will terminate the date this policy or section of this policy under which coverage is offered ends, or the last day of the month for which premiums have been paid (subject to the Grace Period).

Basic only: On the last day of the month in which the member is in the National Guard or attains age 60.

The Optional Coverage may be continued after leaving the National Guard until age 65.

The Insurance Coverage elected will remain level until age 60. When the Insured attains age 60 (Guard Member, Spouse or Dependent), the benefits will be reduced by 50% and the premium will remain the same. All optional coverages expire on the last day of the month in which the member attains age 65.

CONVERSION PRIVILEGE

If life insurance ceases because of termination of membership in the classes eligible for insurance under this program or separation from the National Guard, coverage may be converted to an individual policy. See your certificate for details and requirements.

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 701, E.O. 9397.

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE (<i>X one</i>) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		2. NAME OF ALLOTTER (<i>Last, First, Middle Initial</i>) (Print or type)		3. SSN		4. PAY GRADE			
5. ADDRESS OF ALLOTTER (<i>Street or Box Number, City, State, ZIP Code</i>)				6. DAYTIME TELEPHONE NUMBER (<i>Include Area Code</i>)		7. EFFECTIVE DATE (<i>YYYYMM</i>)	8. MONTHLY AMOUNT OF ALLOTMENT \$		
9. NAME OF ALLOTTEE (<i>First, Middle Initial, Last</i>) <div style="text-align: center;">NGAOH</div>				10. ALLOTMENT ACTION (<i>X one</i>) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		11. TERM IN MONTHS			
12. CREDIT LINE (<i>If applicable</i>)				13. ALLOTMENT CLASS AUTHORIZED (<i>X one</i>) <input type="checkbox"/> C - CHARITY/CFC <input checked="" type="checkbox"/> D - DISCRETIONARY ALLOTMENTS (<i>Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)</i>) <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION (<i>Red Cross, Relief Society, etc. - Navy and Marine Corps only</i>) <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> - OTHER (<i>Specify</i>)					
14. ALLOTTEE'S MAILING ADDRESS (<i>Street or Box Number, City, State, ZIP Code</i>) P.O. Box 8070 Columbus, OH 43201				15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (<i>Province, Country</i>)					
16. REMARKS				17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER					
18. ACCOUNT NUMBER/POLICY NUMBER				<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		19. TOTAL CLASS L AMOUNT \$		20. TOTAL CLASS T AMOUNT \$	

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by **voluntarily** completing this form, I am responsible for:

- **Ensuring** that the information is correct;
- **Reviewing** my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- **Collecting** overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- **Contacting** the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

21. SIGNATURE OF ALLOTTER	22. DATE (<i>YYYYMMDD</i>)
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NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

NOTE 2. This is a voluntary allotment and can be to any payee you desire.

MESSAGE FROM YOUR ASSOCIATION

Help yourself, your family, and fellow Guardsmen - enroll today. Complete the application and submit with authorization to you Unit Administrator.

POLICY FOR MAKING APPLICATION

Application for coverage may be made at any time, except after unit federal mobilization or alert for federal mobilization. All applications in force prior to unit federal mobilization or alert for federal mobilization will be honored and coverage continues while on active duty.