



# Globe Life

**American Income**  
life insurance company

CUSTOMER SERVICE & CLAIMS

**1-800-433-3405**

8:30AM - 4:30PM CST

[www.aillife.com](http://www.aillife.com)

## Claims Forms

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### Policy Service Request Form L-7

Use this form to make a change in your name, address, or beneficiary designation. Make certain the insured's name and all affected policy numbers appear at the top of the form and that all information is clearly printed in full detail. Do not send your policy with the completed change form. Any other changes or inquiries can be requested by sending us your written instructions or by e-mailing our office at: [POS@ailife.com](mailto:POS@ailife.com). If the information provided is not adequate, the Home Office will prepare forms as required.

### Bank Draft Authorization Form AG-2032

If you change banks or wish to begin using the pre-authorized payment plan, you must sign the form in the area marked by an "X". Return the completed authorization form and voided check from the account you want drafted.

### Accident & Health Claims Form C-5

**Part A** All questions are to be completed by the claimant. Be sure to sign and date the bottom of the form.

**Part B** Must be completed by the attending physician.

**Part C** To be completed by your employer if your policy provides benefits for loss of time from work.

*Note: Please mail the form yourself rather than leaving it for the doctor to mail, as this may cause lengthy delays in claim payments. If your policy includes hospital benefits, include the itemized hospital bill with the claim form.*

### Life Claims Form C-30

The proof of death claim form consists of the Claimant's Statement, which must be completed by the named beneficiary. A copy of the death certificate or other proof of death should be attached to and accompany the proof of death claim form. In certain limited instances, the Company may also request a certified death certificate or a physician's statement from the physician who treated the insured during his or her last illness if coverage has been in effect two years or less.



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**1-800-433-3405 • [www.ailife.com](http://www.ailife.com)**

**1200 Wooded Acres Drive • P.O. Box 2608 • Waco, TX 76797**

# *Freedom of Choice*

*offered by*



 *Funeral Benefit Plan*  
(life insurance)

*Choice of Funeral Home*

**Attention: Funeral Director**

For Questions, Call  
1-800-433-3405  
or email [CL@AILife.com](mailto:CL@AILife.com)

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Agent's Signature





# Conditional Receipt

THE AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO POLICY DELIVERY SHALL NOT EXCEED \$50,000.

Received of \_\_\_\_\_ the sum of \$ \_\_\_\_\_ as first payment on this application.

Date \_\_\_\_\_ Agent \_\_\_\_\_

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

If (1) an amount equal to the first full premium is submitted; (2) all underwriting requirements, including any medical examinations required by the Company's rules, are completed; (3) the proposed insured is on the effective date indicated a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, (b) the date of completion of all underwriting requirements, and (c) any date of issue requested in the application.

If any of the above conditions are not met, the liability of the Company shall be limited to the return of the amount submitted.

## INVESTIGATIVE CONSUMER REPORTS NOTIFICATION

As part of our routine underwriting procedure, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information will be obtained through personal interviews with your friends, neighbors, and associates. You may request to be interviewed in connection with the preparation of the report and upon request may receive a copy of the report.

## MIB NOTICE

Information regarding your insurability will be treated as confidential. American Income Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

American Income Life Insurance Company may also release information from its file to its reinsurers or to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

## NOTICE OF INFORMATION PRACTICES

Personal information may be collected from other parties. Such information, and other personal or privileged information later collected, may be disclosed to third parties without authorization. You have the right of access and correction with respect to all personal information collected, and a full notice of your rights will be furnished upon request.

# Summary Sheet

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

## Insured's (A) Whole Life Insurance

Freedom of Choice/Final Expense Benefit

\$ \_\_\_\_\_

## Insured's (A) Term Insurance - Lump Sum

or Beneficiary's Readjustment Income  
(if elected at time of Insured's death)

\$ \_\_\_\_\_

or

\$ \_\_\_\_\_ monthly for \_\_\_\_\_ months

## Insured's (B) Whole Life Insurance

Freedom of Choice/Final Expense Benefit

\$ \_\_\_\_\_

## Insured's (B) Term Insurance

or Beneficiary's Readjustment Income  
(if elected at time of Insured's death)

\$ \_\_\_\_\_

or

\$ \_\_\_\_\_ monthly for \_\_\_\_\_ months

## Insured's (C) Children's Natural Death

(natural, step, or legally adopted children are eligible)

\$ \_\_\_\_\_ Per Covered Child

## Emergency Room

(for treatment received within 72 hours of accidental injury)

\$ \_\_\_\_\_ Up To

## Hospital Benefits (from accident)

\$ \_\_\_\_\_ Per Day (up to 36 5days)

## Intensive Care (from accident)

\$ \_\_\_\_\_ Per Day (upto 1 4days)

	Accidental Death	Auto Death	Common Carrier Death
Insured's (A) \$	\$ _____	\$ _____	\$ _____
Insured's (B) \$	\$ _____	\$ _____	\$ _____
Insured's (C) \$	\$ _____	\$ _____	\$ _____

## Additional Benefits

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## What I like best about the insurance program:

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**MONTHLY PREMIUM:**  
**DUE DAY:**







Date \_\_\_\_\_

## What Comes Next

First, we would like to commend you for taking the first steps in making sure your family has the insurance it needs. Second, we would like to take a moment to go over the next few steps in the process.

**Tomorrow:** Your premium of \_\_\_\_\_ will be deducted from your account. This should post to your account in the next 1 to 5 days. If it hasn't posted within five business days, please call us so we can make sure that everything is OK.

**Next 7 days:** You will receive a call from the Home Office to verify all the information on the application and to see if you have any questions.

**6-8 weeks:** Your insurance application will be underwritten. During this time you will still have the deductions from the account you chose as you are covered by the conditional receipt that will be emailed to you. Also, please read over the sheet left in your folder that explains the underwriting process more thoroughly. After you have been approved, you will receive your policy in the mail. If for any reason your policy isn't issued as originally applied for, your agent will contact you to discuss any changes.

Again, we congratulate you on a wise decision. If we can be of any assistance, please never hesitate to call or email us. We are here to serve you and make sure we follow through with the expectations your organization and/or family has come to expect of us.

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Customer Name

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Agent Name

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Phone

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Email