



13th Episcopal District Group Life Insurance

For active church members (both clergy and laity)

- What:** Group Term Life Insurance for 1 year through New York Life Insurance
- Effective date:** June 1, 2013 – May 31, 2014
- Cost:** Approximately \$375 (final cost is dependent on participation)
- Who can participate:** All active church members in the 13th District are eligible. Participants must be active in their local church (Steward, Trustee, Choir Member, Usher, Food Pantry Volunteer, etc.) A Medical Exam is not required to participate.
- Beneficiary:** **80% to your choice of beneficiary – 20% (between your Local Church and Believe, Inc., insured determines the distribution)**
- Amount of Life Insurance:** \$50,000 up to age 64 (after age 64 the benefit decreases)

Age Reduction Chart for Life Insurance Benefits:

	Total Benefits	80% to Family	20% to be distributed between church & Believe, Inc. (determined by insured)
Age up to 64 years 100% of face amount	\$50,000	\$40,000	\$10,000
Age 65 to 69 years 65% of face amount	\$32,500	\$26,000	\$6,500
Age 70 to 74 years 50% of face amount	\$25,000	\$20,000	\$5,000
Age 75 to 79 years 25% of face amount	\$12,500	\$10,000	\$2,500
Age 80 or more years 10% of face amount	\$5,000	\$4,000	\$1,000

How to sign up

1. Complete Enrollment form and turn into 13th District Office by 3/15/2013.
2. New York Life Insurance will review forms and determine final cost by 4/1/2013.
3. Premium Payment due to the 13th District Office by 5/5/2013.
4. Insurance becomes effective on 6/1/2013 for 1 year.

For more information, contact Sister Linnie Davis at dlinnie@bellsouth.net or (615)242-6814.

African Methodist Episcopal Church
Group Life Insurance Enrollment

Company Name: 13THDIST African Methodist Episcopal Church

Employee Information: 13THDIST African Methodist Episcopal Church

Name _____ Social Security # _____

Address _____ DOB _____ Age _____ Male or Female _____

City, State Zip _____ Ph# _____

Email _____

Role in Church (Circle One) – Note you must be an active member of a 13th District church to participate.

Pastor, Minister, Steward, Trustee, Usher, Missionary, Hospitality, Laity, Choir, Janitor, Other _____

Group Term Life Beneficiary Designation

Primary Beneficiary

Name _____ Percentage _____ Relationship _____

Address _____ Social Security # _____

City, State Zip _____ Phone # _____

Contingent Beneficiary

Name _____ Percentage _____ Relationship _____

Address _____ Social Security # _____

City, State Zip _____ Phone # _____

Church Beneficiary (must be within the 13th District) _____ % distribution (any amount between 0% and 20%)

Church Name: _____

Address: _____

City, State, Zip _____ Phone # _____

Other Beneficiary - Believe, Inc. – _____ % distribution (any amount between 0% and 20%)

Organization: Believe, Inc.
Address: 500 8th Ave South #201
City, State, Zip: Nashville, TN 37203
Phone: 615-242-6814

Note - The combined distribution of Church Beneficiary and Other Beneficiary cannot equal more than 20%.

Print Name: _____

Signature: _____

Date: _____

All applications must be submitted to the 13th Episcopal District Office by 3/15/2013. Payment amount should be determined by 4/1/2013. Payment due date is 5/5/2013 with Policy Effective date of 6/1/2013

Please submit completed forms to the district office by email (13thdistrict@13thame.com), fax (615-242-2496) or mail (13th Episcopal District AMEC, 500 8th Ave South, Suite 201, Nashville, TN 37203). Forms must be received in the office by 3/15/2013.

If you have questions, contact Sister Linnie Davis at dlinnie@bellsouth.net or (615) 242-6814.