AMERICAN INCOME LIFE INSURANCE COMPANY
P.O.BOX 2608 • WACO, TEXAS 76702 • www.ailife.com

LAY-OFF WAIVER OF PREMIUM CLAIM FORM

If you have been regularly employed within the same industry for 12 consecutive months and are laid-off, you may qualify for lay-off waiver of premium. ***Lay-off Waiver of Premium*** provides for a waiver of premiums while the insured is on a qualified lay-off and is actively seeking work. A qualified lay-off is the termination of employment in an announced reduction of force due to economic reasons affecting at least 10 persons. If this application is returned within 60 days after date of lay-off, one month's premium will be waived for each full month thereafter the insured is unemployed as a result of such lay-off. The maximum benefit period is three months.

The waiver will only apply to policies which were in force 60 days prior to the start date of the lay-off. If the premium is being waived on a policy on which the laid-off employee is the insured, the waiver will also apply to otherwise qualifying policies on which the laid-off employee's spouse is the insured.
Send this application to American Income Life Insurance Company. This must be signed by the employer or union officer.

Insured (laid-off person) _____ Policy No. _____

Insured Spouse _____ Policy No. _____

Address _____ Phone _____

Occupation _____

Employer Name _____

Union & Local No. _____ Phone _____

Date you quit work due to lay-off? _____

Are you now employed? Yes ☐ No ☐

Date you returned to work? _____

X _____ Date _____
Signature of Insured

CERTIFICATION BY EMPLOYER OR UNION REPRESENTATIVE

The above person was laid-off on _____ and is unemployed at this time.
Date

X _____ _____ Date _____
Signature of Representative of the Employer or Union Local Officer — Title

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