

▼ COMPLETE AND RETURN ENROLLMENT FORM ▼

Group Sponsor: Masonic Benefits Group
Group Eligibility: Certified Masons (& spouses) - Eligibility Certificates issued

Master Policy: # MZ0910901H0000A, Trustee-held
Underwriter: Monumental Life Insurance Co.

Guaranteed Group Term Life Plan Enrollment Form

Underwritten by: Monumental Life Insurance Company, Baltimore, MD

1. For:

Social Security #: _____

Phone: (_____) _____

Beneficiary: _____

Birth Date: ____/____/____ Present Age: _____
Gender: M F

Relationship: _____

I want to cover my spouse: Spouse's Name: _____ Age: _____
Birth Date: ____/____/____ Beneficiary/Relationship: _____ Gender: M F

2. Check Plan Desired for Member:

\$25,000 \$12,000 \$10,000 \$5,000
(See Rate Chart on Back)

For Spouse: (Cannot be greater amount than Member)

\$25,000 \$12,000 \$10,000 \$5,000
(See Rate Chart on Back)

Please answer the following question for each person enrolling:

Is this insurance intended, in whole or in part, to replace, discontinue, or change any existing life insurance or annuity now in effect with this or any other company?..... **You** Yes No **Spouse** Yes No

I/We hereby enroll and I/we confirm that I/we am/are a member. I understand that coverage becomes effective on the Effective Date stated in the Certificate of Insurance provided this Enrollment Form is approved by the Insurance Company and the first premium is paid. I acknowledge that I have read the fraud warning statement below.

3. Please Sign _____ Today's Date ____/____/____
SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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Payment Options: Check one and complete all information.

Enclosed is my check or money order for my first monthly premium. **Make payable to:** Monumental Life Insurance Company.

Bill my future payments: Monthly Semi-Annually Annually

I prefer to charge it! I authorize monthly premium payments through my VISA MasterCard

Expires ____/____

Signature of Cardholder (ONLY if different than the enrollee) _____

MONTHLY GROUP TERM LIFE RATES

Issue	\$5,000		\$10,000		\$12,000		\$25,000	
	Male	Female*	Male	Female*	Male	Female*	Male	Female*
45	\$15.60	\$12.85	\$31.20	\$25.70	\$37.39	\$30.89	\$78.00	\$64.25
46	\$16.10	\$13.30	\$32.20	\$26.60	\$38.62	\$31.94	\$80.50	\$66.50
47	\$16.60	\$13.75	\$33.20	\$27.50	\$39.84	\$33.00	\$83.00	\$68.75
48	\$17.10	\$14.20	\$34.20	\$28.40	\$41.06	\$34.06	\$85.50	\$71.00
49	\$17.60	\$14.65	\$35.20	\$29.30	\$42.29	\$35.11	\$88.00	\$73.25
50	\$18.15	\$15.05	\$36.30	\$30.10	\$43.51	\$36.17	\$90.75	\$75.25
51	\$18.65	\$15.50	\$37.30	\$31.00	\$44.74	\$37.22	\$93.25	\$77.50
52	\$19.15	\$15.95	\$38.30	\$31.90	\$45.96	\$38.28	\$95.75	\$79.75
53	\$20.15	\$16.75	\$40.30	\$33.50	\$48.38	\$40.18	\$100.75	\$83.75
54	\$21.15	\$17.55	\$42.30	\$35.10	\$50.81	\$42.07	\$105.75	\$87.75
55	\$22.20	\$18.30	\$44.40	\$36.60	\$53.23	\$43.97	\$111.00	\$91.50
56	\$23.20	\$19.10	\$46.40	\$38.20	\$55.66	\$45.86	\$116.00	\$95.50
57	\$24.20	\$19.90	\$48.40	\$39.80	\$58.08	\$47.76	\$121.00	\$99.50
58	\$25.25	\$20.45	\$50.50	\$40.90	\$60.58	\$49.10	\$126.25	\$102.25
59	\$26.30	\$21.00	\$52.60	\$42.00	\$63.07	\$50.45	\$131.50	\$105.00
60	\$27.30	\$21.60	\$54.60	\$43.20	\$65.57	\$51.79	\$136.50	\$108.00
61	\$28.35	\$22.15	\$56.70	\$44.30	\$68.06	\$53.14	\$141.75	\$110.75
62	\$29.40	\$22.70	\$58.80	\$45.40	\$70.56	\$54.48	\$147.00	\$113.50
63	\$30.70	\$23.65	\$61.40	\$47.30	\$73.63	\$56.74	\$153.50	\$118.25
64	\$31.95	\$24.60	\$63.90	\$49.20	\$76.70	\$58.99	\$159.75	\$123.00
65	\$33.25	\$25.50	\$66.50	\$51.00	\$79.78	\$61.25	\$166.25	\$127.50
66	\$34.50	\$26.45	\$69.00	\$52.90	\$82.85	\$63.50	\$172.50	\$132.25
67	\$35.80	\$27.40	\$71.60	\$54.80	\$85.92	\$65.76	\$179.00	\$137.00
68	\$38.65	\$29.75	\$77.30	\$59.50	\$92.78	\$71.40	\$193.25	\$148.75
69	\$41.50	\$32.10	\$83.00	\$64.20	\$99.65	\$77.04	\$207.50	\$160.50
70	\$44.40	\$34.45	\$88.80	\$68.90	\$106.51	\$82.68	\$222.00	\$172.25
71	\$47.25	\$36.80	\$94.50	\$73.60	\$113.38	\$88.32	\$236.25	\$184.00
72	\$50.10	\$39.15	\$100.20	\$78.30	\$120.24	\$93.96	\$250.50	\$195.75
73	\$52.95	\$41.50	\$105.90	\$83.00	\$127.10	\$99.60	\$264.75	\$207.50
74	\$55.80	\$43.85	\$111.60	\$87.70	\$133.97	\$105.24	\$279.00	\$219.25
75	\$58.70	\$46.20	\$117.40	\$92.40	\$140.83	\$110.88	\$293.50	\$231.00

* IMPORTANT: Spouse benefit amount cannot be greater than member's

QUESTIONS?

Call Administrator: 800-749-6983 / 8:30 AM - 6:00 PM EST