



Association for
Computing Machinery

ADMINISTRATOR
ACM GROUP INSURANCE PROGRAM
P.O. BOX 10374
Des Moines, IA 50306-8812

APPLICATION FOR GROUP TERM LIFE INSURANCE

QUESTIONS?

Call: 1-800-503-9230
customerservice.service@mercer.com

Underwritten by
American General Life Insurance Company
(Herein called the Company)

1. Name of Association ACM, The First Society in Computing
2. Member/Applicant's Name _____ Social Security # _____
3. Member/Applicant's Address _____
Number Street City State Zip Code
4. Home Phone No. (_____) _____ Work Phone No. (_____) _____
5. Name and Address of Member/Applicant's Physician _____
6. Member/Applicant's Beneficiary _____ Relationship _____
 (Unless otherwise requested, your spouse, if living, will be the beneficiary. Otherwise your beneficiary will be your children, parents, siblings, or estate in that order.)
7. Spouse /Domestic Partner's* Name _____ Social Security # _____
8. Spouse's Beneficiary _____ Relationship _____
 (Unless otherwise requested, the member will be the beneficiary of any spouse insurance applied for.)
9. Name and Address of Spouse's Physician _____
10. Member/Applicant's Email Address _____ Spouse's Email Address _____

11. Check Life Insurance plan(s) desired: Amount:
- Life Insurance for Member \$ _____
- Life Insurance for Spouse \$ _____
- Life Insurance for Child(ren) \$ 5,000

Up to \$500,000 of coverage is available. Contact the Plan Administrator for more information and rates.

12. I wish to Pay: Monthly - EFT Semiannually - Direct Bill

13. Complete the following for the applicant/member and spouse* and children** for whom coverage is requested.

Insured	Name	Age	Date of Birth (MM/DD/YR)	Place of Birth	Height		Weight Lbs.	Sex	
					Ft.	In.		M	F
Member					ft.	in.	lbs		
Spouse					ft.	in.	lbs		
Child					ft.	in.	lbs		
Child					ft.	in.	lbs		
Child					ft.	in.	lbs		



Please answer these brief questions.

1. Has the applicant/member or spouse, if applying, ever had, been diagnosed with, or been treated for: chest pain; disease or disorder of the heart, liver, kidneys, blood or lungs; high blood pressure; stroke or other neurological disorder; mental/nervous disorder; drug or alcohol abuse; diabetes; cancer or tumor; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for an immune disorder?
2. Has the applicant/member or spouse, if applying, during the past 5 years, consulted any physician or other practitioner or been confined or treated in any hospital or similar institution, for any reason other than those stated above?
3. Has the applicant/member or spouse, if applying, used tobacco or nicotine in any form during the past 12 months?
4. Is the applicant/member or spouse, if applying, now taking prescription medication or receiving medical attention?

Member

Spouse

Yes No Yes No

Yes No Yes No

Yes No Yes No

Yes No Yes No

For "Yes" answers to questions 1-4 above, please provide details in the space provided below. If more space is needed, use a separate sheet of paper, signed and dated. If additional information is attached, check "Yes" in the box at the right Yes No

Question #	Member	Spouse	Condition	Date Occurred	Duration	Degree of Recovery	Name and Address of Physicians, Hospitals or Clinics Consulted

EXISTING AND PENDING INSURANCE SECTION Life Insurance in Force and/or Pending on Proposed Insured's Life, including Business Insurance: (If none, check "None".) None

Please Check		Name of Company	Type of Coverage	Life Amount	Year Issued	Do you plan to replace this coverage?	
Member	Spouse					Yes	No





AUTHORIZATION AND DECLARATION OF EACH PERSON GIVING A STATEMENT OF INSURABILITY

I hereby authorize any licensed physician, medical practitioner, pharmacy, pharmacy benefit manager and other sources, hospital, clinic, or other medical or medically related facility, insurance company, the MIB, Inc., or other organization, institution or person that has any records or knowledge of me or my health, to give to the Company or its reinsurers any such information. Such information will pertain to my employment, or other insurance coverage and medical care, advice, treatment or supplies for any physical or mental condition. This includes information obtained in connection with the preparation or procurement of an investigative consumer report as defined under the Fair Credit Reporting Act(s). To facilitate the rapid submission of such information, I authorize all said sources, except the MIB, to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand that this information will be used by the Company solely to determine eligibility for insurance. I understand that I may revoke this authorization at anytime by giving written notice to the Company. I agree that such revocation will not affect any action, that any source has taken in reliance upon this authorization. I understand this authorization will be valid for 24 months from the effective date of coverage, if not revoked earlier. I know that I should retain a copy of this authorization for my records. I agree that a photocopy of this authorization is as valid as the original. To the best of my knowledge and belief, all statements made above are true and complete. I understand that my application for group insurance will be accepted or declined on the basis of these statements. Insurance will take effect only if a certificate is issued based on this application and the first premium is paid in full (a) during the lifetime of all proposed insureds; and (b) while there is no change in the insurability or health of such person from that stated in the application.

*Wherever the term spouse appears will read as Domestic Partner throughout the application.

**Dependent Child must be unmarried, up to 19 years of age or 23 years of age if a full-time student. All dependents must be dependent in accordance with IRS guidelines.

Important Notice: Any person who knowingly and with intent to defraud any insurance company or other person files a 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 may be a crime. (For state specific variation(s) refer below.)

Date _____ Member/Applicant's Signature _____

Date _____ Spouses's Signature _____

Important Notice

For residents of Arkansas, Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

For residents of New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Pennsylvania: 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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These Notices must be detached and retained by the applicant

MIB DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. The American General 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 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. 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.

The American General Life Insurance Company or its reinsurers, may also release information from its file 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.

NOTICE AS REQUIRED UNDER THE FAIR CREDIT REPORTING ACT(S)

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be requested for the preparation of a report whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted or who may have knowledge of any such items of information. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request to be informed as to whether or not such consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may receive a copy of this report by contacting such agency.

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AUTOMATIC CHECK WITHDRAWAL REQUEST: By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

Checking Account

Routing #: _____ Account #: _____

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature of Premium Payer: _____ **Date:** _____

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Group Term Life Insurance Plan



For Members of the ACM, The First Society in Computing and their families

PROTECTION is what life insurance is all about.

Life insurance is the real answer to help safeguard financial security. What if your family loses you tomorrow or next month—or even two years from now? Some day your family's future may depend on the benefits your life insurance provides. Will there be enough?

Estimate how much money you spend each month. Be sure to include your rent or mortgage payments, car loan, medical expenses, utility bills, charge accounts and grocery bills. Add in the amount you save each month for future plans such as vacations and a good education for your children. Now, divide the amount of your present life insurance by your monthly expenditures.

How many months would your family survive at a reasonable standard of living on your current life insurance?

As you become more established, you improve your standard of living. Do you have affordable life insurance that keeps up with the constant changes and growing needs of your family?

The ACM Term Life Insurance Plan with Accelerated Benefits can help protect the financial security you have worked so hard to provide for your family...at a price you can afford!

Life insurance helps your family in many ways. It's a good solution to help safeguard your financial security.

Right now, you and/or your spouse or domestic partner have the opportunity to purchase up to \$500,000 of Group Term Life Insurance. And with very affordable premium rates, this coverage is too important to pass up!

Plus, with the Accelerated Benefits Provision, this Plan can help you and your family should you become terminally ill.

You've worked hard to give your family a secure financial future. Why risk losing that security? Apply today for the ACM Term Life Insurance Plan with Accelerated Benefits.

The ACM Term Life Insurance Plan with Accelerated Benefits offers:

- Up to \$500,000 in term life insurance coverage...up to \$5,000 for each of your children.
- Up to 60% (\$250,000 maximum) of your benefit (less the benefit processing fee) before you die if you become terminally ill.

- Same coverage and affordable group rates for both members and spouses or domestic partners.
- Satisfaction guaranteed 100%. Once you receive your Certificate of Insurance, if you're not 100% satisfied within the first 30 days, we'll send you a full refund of any premiums paid during that period and your Certificate will be considered never issued. You will be under no further obligation.

THE ACCELERATED BENEFITS PROVISION

Most people purchase life insurance to gain peace of mind—knowing their families will be financially secure when they die. Now, with the Accelerated Benefits Provision, ACM members can gain that peace of mind for themselves and their families before they die should they become terminally ill.

Medical treatment, nursing care, hospitalization, nursing home confinement, hospice care and other expenses associated with a terminal illness can cost thousands of dollars. And, by this time your medical coverage may be exhausted. Not only would a terminal illness cause large medical bills, it could also force your income to stop.

With the Accelerated Benefits Provision, you may elect to receive up to 60% of the total benefit amount of your ACM Life Insurance (less the benefit processing fee) prior to death if you are diagnosed as being terminally ill.

Then, the amount of your total benefit that is not used as part of your Accelerated Benefits will be paid directly to your beneficiary upon your death. For example, if you purchase \$300,000 of coverage, you could receive as much as \$180,000 (less the benefit processing fee) if you were terminally ill. The remaining \$120,000 would be paid to your beneficiary upon your death. With \$500,000, the maximum accelerated benefit would be \$250,000 (less the benefit processing fee) and the remaining \$250,000 would go to your beneficiary after your death.

Terminal illness is defined as a medical condition which is expected to result in the insured person's death within 6 months and from which the person is not expected to recover. Upon receipt of due proof of death, the beneficiary will be paid the life insurance amount reduced by the accelerated benefit and the discount.

The Accelerated Benefits Provision is a practical way to supplement your existing insurance plans—including

health, disability and life. It may pay you substantial benefits at a time when high medical bills and loss of income could devastate your family's financial security. And the benefits are paid directly to you in a lump sum payment for you to spend however you wish.

More about the ACM Term Life Insurance Plan

Who Is Eligible?

All ACM members and/or their spouses or domestic partners* under age 60 are eligible to apply for up to \$500,000 of Term Life Insurance coverage with an Accelerated Benefits Rider. The coverage is available in units of \$10,000. Your children ages 6 months to 23 years (25 if a college student) are each eligible for \$5,000 of life insurance. Children 15 days to 6 months may be insured for \$1,000 each. Just \$10.00 covers all children no matter how many.

*Domestic Partners must also complete a Domestic Partner Affidavit. Please call the Insurance Administrator for this affidavit.

Why Term Life Insurance?

Term life insurance is one of the most economical types of life insurance you can buy. The cost is kept economical because term insurance does not accumulate cash values. With term insurance, you know exactly how much protection your money buys. And you know this protection will be there when your family needs it most.

Why is the Cost So Economical?

It provides "pure" protection at the lowest per dollar cost. Economical rates are also possible due to the mass buying power of thousands of ACM members buying insurance as a group...resulting in substantial premium savings.

Who Is My Beneficiary?

You may name anyone as your beneficiary. You may change your beneficiary, unless irrevocable, at any time by writing the Insurance Administrator.

Am I Eligible for a Premium Discount If I Do Not Smoke?

If you haven't used any tobacco products in the last 12 months, you qualify for rates even lower than regular group rates.

What Happens if I Become Disabled?

Should you become totally disabled, as defined in the group policy, prior to age 60 and remain totally disabled for at least nine consecutive months, your insurance continues without further payment of premium, provided the required proof is given, until you are no longer disabled or attain age 60, whichever occurs first.

Can I Change to a Different Type of Insurance Later on?

You may convert your ACM Term Life Insurance coverage at any time prior to age 80 for the same amount of life insurance to any policy (other than term) underwritten by American General Life Insurance Company.

Can my Insurance Be Cancelled?

Your insurance cannot be cancelled as long as you pay your premium when due, maintain your ACM membership, are under age 80, all insureds remain eligible, and the group policy remains in force.

What are my Premium Payment Options?

You are able to choose between two premium payment options, whichever one best suits your needs. **Option 1:** Pay through Automatic Check Withdrawal on a monthly basis. This saves you the time spent writing checks and remembering due dates. **Option 2:** Pay through direct billing on a semi-annual basis.

NOTE: The Accelerated Benefits provision is not available in all states. Some variations apply in certain states.

Are There Any Exclusions?

Your insurance is payable in the event of death from any cause, at any time, in any place except for suicide during the first two years, which is limited to the return of premiums paid. The accelerated benefit is not payable if: there is an absolute assignment; there is an irrevocable beneficiary who does not give written consent; there is a court decree involving the life insurance in connection with a divorce agreement; or the illness is due to intentionally self-inflicted injury or attempted suicide.

When Does the Accelerated Benefit Take Effect?

There is a 30-day waiting period that begins on the date the Accelerated Benefits Provision takes effect. The accelerated benefit may not be requested until after the end of such waiting period. The insured must make a written request for the accelerated benefit. The Insurance Company requires that a licensed physician provide proof of terminal illness. The Insurance Company reserves the right to require that the insured be examined by a physician of the Insurance Company's choice at its expense.

What is the Maximum Accelerated Benefit?

The maximum is the lesser of \$250,000 or 60% of the life insurance amount, less the benefit processing fee. Note: The minimum benefit is \$10,000 less the benefit processing fee. After age 70, coverage does not include the Accelerated Benefits Provision.

What is the Benefit Processing Fee?

It's the cost of providing the Accelerated Benefit. No additional premium is charged for the Accelerated Benefits Option included in your certificate. If you become eligible for Accelerated Benefits to be paid to you, the amount will be reduced by a factor related to the current Treasury Bill earnings rate. The fee offsets the underwriting company's loss of interest income, premiums and administrative expenses in processing the claim for benefits. The benefit availability costs you nothing unless you use it.

When Does the Insurance Take Effect?

If approved, insurance will take effect on the date stated in writing by the Insurance Company. You must be actively at work on the date the insurance is to take effect. If you are not, the insurance will take effect on the date you return to work.



HOW TO APPLY

1. Complete the Application enclosed for up to \$500,000 of ACM Term Life Insurance with an Accelerated Benefits Rider. For domestic partner coverage, contact the insurance administrator for an affidavit to accompany the application. Indicate the amount of coverage you desire in units of \$10,000. And don't forget to determine if you qualify for non-smoker premium rates and to include your eligible children for coverage.

2. Indicate your billing preference. If you are paying through automatic monthly check withdrawal, you must include a blank voided check. Mail to:
Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 10374
Des Moines, IA 50306-8812

SEND NO MONEY NOW...you'll be billed when your coverage is approved and your Certificate of Insurance is issued.

Monthly Premiums for Each \$10,000 Unit of Coverage					(Rates as of 07/2017)				
Under \$250,000 Coverage					\$250,000 Coverage or More				
		NON-SMOKER		SMOKER			NON-SMOKER		SMOKER
Applicant's Age	Male	Female	Male	Female	Applicant's Age	Male	Female	Male	Female
Under 30	\$0.66	\$0.52	\$0.75	\$0.60	Under 30	\$0.59	\$0.46	\$0.68	\$0.57
30-34	0.76	0.57	0.88	0.66	30-34	0.69	0.51	0.79	0.62
35-39	1.04	0.73	1.20	0.84	35-39	0.94	0.66	1.08	0.79
40-44	1.63	1.08	1.88	1.25	40-44	1.47	0.97	1.69	1.15
45-49	2.64	1.66	3.04	1.92	45-49	2.37	1.50	2.74	1.75
50-54	4.10	2.58	4.73	2.98	50-54	3.69	2.32	4.26	2.71
55-59	6.34	3.99	7.32	4.60	55-59	5.71	3.59	6.58	4.17
60-79*	6.83	4.76	7.88	5.50	60-79*	6.15	4.29	7.09	4.98

Children's Coverage: Just add \$10.00 to your total premium to insure all your children. Each child 15 days to 6 months is eligible for \$1,000 in life insurance. Children 6 months to age 23 (25 if a college student) may be insured for \$5,000 each. Children's coverage does not include an accelerated benefits provision.

*Renewal only. Only those under age 60 may apply. All premiums are based on applicant's attained age at the date of issue and on renewal dates. Premiums will increase as the applicant enters a new age bracket. Coverage reduces by 50% at ages 65, 70 and 75.

All billing modes except annual will include a \$2.00 billing fee. To avoid the fee, select EFT as a safe and secure payment option.

HOW TO FIGURE YOUR PREMIUM

Multiply the monthly premium for your age bracket by the number of units desired. For example, if you are a 37-year-old non-smoking male applying for \$220,000 of coverage, multiply \$1.04 by 22 = \$22.88. Or if you are age 52, female and smoke and are applying for \$430,000 of coverage, multiply \$2.68 by 43 = \$115.24. Add only \$10.00 to your total premium to cover all your children.

If you elect to pay by semi-annual direct bill, find the monthly premium above for your age bracket and multiply that by 6. For example, if you are a 32-year-old non-smoking female and are applying for \$200,000 of coverage, multiply \$0.57 by 6 = 3.42. Then, multiply that total by the number of units desired. $3.42 \times 20 = \$68.40$. This amount will be your semi-annual premium.

Administered by:



MAKE TOMORROW, TODAY

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 10374
Des Moines, IA 50306-8812

1-800-503-9230

<http://www.acminsure.com>

AR Insurance License #100102691

CA Insurance License #0G39709

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

MN Insurance License #40291395

OK Insurance License #100100336

TX Insurance License #1850385

Underwritten by:

American General Life Insurance Company NAIC No. 60488, domiciled in the State of Texas with a principal place of business of 2727-A Allen Parkway, Houston, TX 77019. It is currently authorized to transact business in all states, plus DC and PR, except NY.

Policies issued by American General Life Insurance Company (AGL). Issuing company AGL is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG). Products may not be available in all states and product features may vary by state. Policy #G-502,018 Form #AG-20000.

This brochure is a brief description of benefits only and is subject to the terms, conditions, limitations and exclusions of the group policy.

The most prominent independent ratings agencies continue to recognize American General Life Insurance Company in terms of insurer financial strength. For current insurer financial strength ratings, please consult the Web site at www.americangeneral.com/ratings.

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