

WAEPA Associate Membership

For Family of WAEPA Members

Cover
Your
Family

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Why
WAEPA?

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Most!
Popular Plans

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Why Your Family Needs Insurance...

Life insurance secures your family against the financial impact of losing a loved one including:

- Loss of income
- Funeral costs and other expenses
- Outstanding debts

Often times, families only insure the primary wage earner, and neglect to consider the financial burden they would suffer due to the loss of a secondary wage earner, or a spouse working in the home as a caretaker or a homemaker.

Your WAEPA benefit will see your family through the immediate difficulties following a death, and provide a foundation for long-term financial security.

See inside to learn how little peace of mind for your loved ones can cost.



Extending WAEPA Membership To Your Non-Dependent Adult Relatives...

Wouldn't it be great if your adult family members could join WAEPA and save on life insurance just like you? In fact, they can – as WAEPA Associate Members.

As Associate Members, your relatives can purchase their own coverage just like any other WAEPA member.

Associate Membership is perfect when you need more than dependent coverage for your spouse – or to help your family get more coverage at a lower cost.

See page 2 for details on WAEPA Associate Membership.

The Bottom Line:

WAEPA Helps You Protect Your Family at the Lowest Possible Cost.

WAEPA Insurance

For your Family...

Associate Membership: How it Works

WAEPA Associate Membership is open to eligible adult relatives of WAEPA members, including:

- Spouses, domestic partners, non-dependent adult children and stepchildren, parents, and parents-in-law

As Associate Members, your relatives enjoy all the privileges and benefits of joining WAEPA, including:

- Personal life insurance coverage up to \$750,000
- Dependent life insurance coverage for spouses, domestic partners and children
- More coverage options at a lower cost
- Eligibility for future premium refunds

Even if you don't wish to purchase insurance yourself, you can still join WAEPA (for a \$2.00 fee) and enable your eligible family members to become Associate Members. Associate Membership is permanent – your relatives remain full members even if you leave WAEPA.

Additional Benefits and Flexibility

In addition to life insurance, WAEPA Associate Membership also includes these benefits:

- Accidental death and dismemberment coverage
- Free common carrier coverage

We also allow Associate Members to:

- Adjust their coverage at any time
- Keep their coverage until age 85
- Extend Associate Membership to other eligible relatives

Through its Associate Membership program, WAEPA makes saving on life insurance contagious!

For example – the spouse or non-dependent adult children of a WAEPA member can become Associate Members (even if neither the spouse nor the non-dependent adult children work for the government). Once the non-dependent adult children join WAEPA, they too can extend Associate Memberships to their eligible family members.

Better Insurance. Better Prices. Better Value... Why WAEPA?

WAEPA is a non-profit association (not an insurance company) formed during World War II by federal employees, for federal employees. Since that time, we've been helping our members and their families pay less for life insurance while giving them more coverage options for their money.

Ensuring their financial security at the lowest possible cost has been our mission – and our honored commitment – since 1943.



Associate Members

Most Popular Plans...

Member Life Insurance Schedule of Benefits									
Levels	2	4	8	12	16	20	24	28	30
Life Insurance	\$50,000	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000	\$600,000	\$700,000	\$750,000
AD & D	\$10,000	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000	\$120,000	\$140,000	\$150,000
Additional Accident	\$20,000	\$40,000	\$80,000	\$120,000	\$160,000	\$200,000	\$240,000	\$280,000	\$300,000
Quarterly Premiums Based on Member/Associate Member's Age									
Under 25	\$6.00	\$12.00	\$24.00	\$36.00	\$48.00	\$60.00	\$72.00	\$84.00	\$90.00
25-29	\$7.50	\$15.00	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00	\$105.00	\$112.50
30-34	\$8.50	\$17.00	\$34.00	\$51.00	\$68.00	\$85.00	\$102.00	\$119.00	\$127.50
35-39	\$10.00	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00	\$120.00	\$140.00	\$150.00
40-44	\$14.00	\$28.00	\$56.00	\$84.00	\$112.00	\$140.00	\$168.00	\$196.00	\$210.00
45-49	\$20.00	\$40.00	\$80.00	\$120.00	\$160.00	\$200.00	\$240.00	\$280.00	\$300.00
50-54	\$30.50	\$61.00	\$122.00	\$183.00	\$244.00	\$305.00	\$366.00	\$427.00	\$457.50
55-59	\$46.50	\$93.00	\$186.00	\$279.00	\$372.00	\$465.00	\$558.00	\$651.00	\$697.50

Please visit www.waepa.org for a complete listing of benefits and rates.

Eligibility Notes

Associate Members must be a spouse, domestic partner, non-dependent adult child, parent, or parent-in-law of a current WAEPA member. Associate Members must also be United States citizens under the age of 65. Spouses may not be covered both as a dependent of a WAEPA member and as an Associate Member. If your spouse is accepted as an Associate Member, we will automatically cancel his or her dependent coverage. Children cannot be covered as dependents by both a WAEPA member and a spouse who is an Associate Member.

Life insurance premiums automatically increase as members enter new age groups. Coverage levels are limited above age 60. If a member's coverage exceeds the limit as he or she enters a new age group, it will automatically be reduced to the allowable amount. Accidental death and dismemberment (AD&D) and additional accident coverage terminate at age 65. All WAEPA coverage terminates at age 85.

How to Apply

Select the level of coverage that best suits your needs. Although the chart above lists just our most popular options, you can set your coverage as follows:

Coverage for you	\$25,000 to \$750,000 in \$25K increments	Provided on one low-cost policy
Coverage for your dependent spouse or domestic partner	\$10,000 to \$250,000 in \$10K increments (up to 50% of your coverage)	
Coverage for your dependent children	Up to \$25,000 available. Coverage depends on age, and is tied to level of spousal coverage	

Complete and sign the application forms enclosed in this brochure. As part of our underwriting process, we may request further information about your medical history or require you to take a medical exam.

Please sign and mail both parts of your completed application in the enclosed envelope to:

WAEPA, 7651 Leesburg Pike, Falls Church, VA 22043

This form is to be used only if you (a civilian federal employee) are joining WAEPA so that your spouse, domestic partner*, parent, or non-dependent adult children can join WAEPA as Associate Members, and apply for their own WAEPA life insurance, just like any other member of WAEPA.

APPLICANT INFORMATION

- I hereby make application for membership in WAEPA by enclosing my non refundable \$2.00 membership application fee. Full-time members of the Armed Forces are not eligible for insurance or membership in WAEPA.

APPLICANT NAME: (Please Print) _____
(First) (M.I.) (Last)

ADDRESS:

Street _____

City _____ State _____ Zip Code _____

I hereby certify the following: (please check each box as appropriate)

- I am a civilian employee of the U.S. Government actively at work. I have been employed

by _____ since ____/____/____
(Department, Agency, or Bureau) (MM/DD/YY)

- I am a retired civilian employee of _____
Enclosed is a copy of my SF 50 Notification of Personnel Action (or equivalent). (Department, Agency, or Bureau)

- I am a citizen of the United States of America and my Social Security Number is _____

My date of birth is ____/____/____
(MM/DD/YY)

Signature:

X _____ Date ____/____/____
(Applicant Signature) (MM/DD/YY)

IMPORTANT NOTICE:

THIS FORM IS NECESSARY ONLY IF THE CIVILIAN FEDERAL EMPLOYEE IS NOT AN EXISTING WAEPA MEMBER. IF THE CIVILIAN FEDERAL EMPLOYEE IS AN EXISTING WAEPA MEMBER, PLEASE PROCEED TO THE WAEPA APPLICATION FOR ASSOCIATE MEMBERSHIP AND LIFE INSURANCE SECTION OF THE APPLICATION.

04/07

*Domestic Partner Coverage is not available in Virginia.

Underwritten by the following CIGNA companies:

- Life Insurance Company of North America (LINA)
- Connecticut General Life Insurance Company (CG)
- CIGNA Companies (herein called the Insurance Company)

HEALTH QUESTIONS SECTION A

Within the last five years, have you or your eligible dependents been:

- diagnosed with any of the conditions shown in items A through J below,
 - told by a medical professional he/she has, or may have, any of the conditions show in items A through J below,
 - or been treated by a medical professional for any of the conditions shown in items A through J below?
- A. High blood pressure, heart attack, chest pain or Angina, a heart murmur, poor circulation, or any other condition affecting the heart or circulatory system? Yes **or** No
- B. Diabetes, glandular condition, Hepatitis, or any condition affecting the esophagus, stomach, intestines, liver, or pancreas? Yes **or** No
- C. Asthma, Chronic Bronchitis, Emphysema, or any other condition affecting the lungs or respiratory tract? Yes **or** No
- D. Any condition affecting the kidneys, urinary tract, prostate gland, or reproductive system? Yes **or** No
- E. HIV infection, AIDS, or any other condition affecting the immune system or lymph nodes? Yes **or** No
- F. Stroke, Transient Ischemic Attack (TIA), Alzheimer's disease, paralysis, epilepsy, fainting, seizures, headaches, or other condition affecting the nervous system? Yes **or** No
- G. Anemia or any other condition affecting the blood, Lupus, Arthritis, deformity, or loss of limb? Yes **or** No
- H. Anxiety, Depression, Bipolar Disorder, or any other mental disorder or condition? Yes **or** No
- I. Cancer, Tumor, Leukemia, Hodgkin's Disease, Polyps, or Moles? Yes **or** No
- J. Alcohol or drug abuse or dependency? Yes **or** No

HEALTH QUESTIONS SECTION B

Within the last five years, have you or your eligible dependents:

- A. Used any controlled or illegal drug or other substance? Yes **or** No
- B. Been seen for, or been advised to have sought treatment for, observation and/or consultation for surgery, medical examination, and/or tests, such as blood, urine, X-rays, electrocardiograms, scans, biopsies, or any medical tests/exams not listed here or above, other than normal routine physical exams? Yes **or** No
- C. Used any medication prescribed by a physician or other medical practitioner, or used any form of alternative and complementary medical treatment or remedy, including herbs or acupuncture? Yes **or** No
- D. Been seen, sought treatment for, consulted, advised they had and/or received any medical advice from a health care practitioner for any disease, disorder and/or medical impairment not listed above? Yes **or** No

PHYSICIAN SECTION

	Name	Contact Information	Street Address (City, State, & Zip)
Applicant Physician		Tel# Fax#	
Spouse/Domestic Partner Physician		Tel# Fax#	
Child(ren) Physician		Tel# Fax#	

USE THE SPACE BELOW TO EXPLAIN "YES" ANSWERS. IF MORE SPACE IS NEEDED, USE A NEW PAGE, SIGN AND DATE IT AND ATTACH TO THIS FORM.

Name of Person	Condition	Date Occurred	Duration/Treatment Received	Current Status

Better Life Insurance For Families of Federal Employees

- Enable your spouse and non-dependent adult children to become WAEPA Associate Members
- Extend to them the full benefits of joining WAEPA
- Help them purchase more coverage (up to \$750,000) for less
- Get more coverage for your spouse

