



Serving Federal
Employees
Since 1943

WAEPA

Associate Membership



For **Spouses and Non-Dependent Adult Children** of WAEPA Members

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.

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

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.

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!

Call **1-800-368-3484** or visit **www.waepa.org**

Better Insurance. Better Prices. Better Value.®

Most Popular

Associate Membership

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
Common Carrier	\$20,000	\$40,000	\$80,000	\$120,000	\$160,000	\$200,000	\$240,000	\$280,000	\$300,000
Quarterly Premiums Based on 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 free common carrier 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.

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 your completed application in the enclosed envelope to:

WAEPA, 433 Park Avenue, Falls Church, VA 22046



WAEPA Application for Associate Membership & Life Insurance

This form is to be used by spouses, domestic partners*, parents, and non-dependent adult children of WAEPA members to apply for Associate Membership and their own WAEPA coverage. Domestic partners must also complete a Domestic Partner Affidavit. The affidavit is available at www.waepa.org or by calling 1-800-368-3484.

APPLICANT INFORMATION — PLEASE COMPLETE PAGES 3, 4 & 5 OF THIS APPLICATION AND SIGN.

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

I hereby make application for Associate Membership in WAEPA. If admitted to Associate Membership, I hereby make application for Group Insurance for which I am eligible, and for the Accidental Death and Dismemberment benefits under the policies issued to WAEPA by The Life Insurance Company of North America. I understand that I cannot be covered under more than one WAEPA certificate.

I am a: Spouse/domestic partner Non-dependent adult child Parent Parent-in-law
of _____ A WAEPA member, certificate # _____
(Name)

1. Amount of insurance coverage selected.

a. Basic Group Life Insurance (Amount of Associate Member Life Insurance) \$ _____ Level _____
b. Dependent Group Life (DGL) Insurance (Amount of Spouse/Domestic Partner*/Children Life Insurance) \$ _____ Level _____
Note: Your spouse/domestic partner* coverage may not be greater than one half (50%) of your coverage.

2. Your sex: Male Female

3. Your date of birth ____/____/____ Age ____ Occupation _____
(MM/DD/YY – You must be less than age 65)

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

5. I will pay premiums: Annually Semi-Annually Quarterly Monthly — An authorization form permitting us to transfer funds from your checking account will be mailed to you.

6. Initial Premium Payment – Send No Money!

Once your application has been received and approved, we will advise you of the amount due. Your coverage will be effective on the date you provide evidence of insurability satisfactory to the insurance carrier, and you forward the first premium. Your payment must reach us within 30 days of the date of notification.

7. I designate as my beneficiary (please list legal name, e.g., Mary White Jones not Mrs. John Jones)

Primary _____ Relationship _____
Contingent _____ Relationship _____

If you name a contingent beneficiary, the contingent beneficiary will receive the death benefit if your primary beneficiary is not living when you die. If you name more than one person as a primary beneficiary or a contingent beneficiary, specify the percentage of benefit payable to each beneficiary. The applicant/member will be the beneficiary of all dependent coverage.

8. Applicant Contact Information:

Street _____
City _____ State _____ Zip Code _____
Office phone _____ Home phone _____ E-mail _____

*Domestic Partner Coverage is not available in Virginia.



WAEPA Application for Associate Membership & Life Insurance

Underwritten by the following CIGNA companies: Life Insurance Company of North America (LINA), Connecticut General Life Insurance Company (CG) and CIGNA Companies (herein called the Insurance Company)

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LIST BELOW ONLY INDIVIDUALS APPLYING FOR COVERAGE	ALIAS/ Maiden Name	RELATIONSHIP (TO APPLICANT)	BIRTH DATE (MM/DD/YY)	AGE	HEIGHT (FT. IN.)	WEIGHT (LBS.)
APPLICANT (Full Name)						
ELIGIBLE DEPENDENTS (Full Names)						

HEALTH QUESTIONS SECTION A

By applying for this coverage, do you intend to replace, discontinue, or exchange existing life insurance coverage Yes **or** No

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

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
- Associate Members eligible for future premium refunds



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.

www.waepa.org
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email: info@waepa.org