

Thank you for your interest in becoming an Associate Member!

We look forward to continuing to serve you and your family.

In order for your application to be properly processed, be sure to begin with these selections (denoted below). You will also need your spouse's current WAEPA membership information to complete the application.

If you have any further questions, our Member Services team is available to assist you via email at info@waepa.org or by phone at **(800) 368-3484**.



[Sign In](#) [Coverage Details](#) ▾

[Help](#)

Welcome to the WAEPA family!

The application only takes a few minutes to complete.

Note: * indicates a required field.

Are you an existing WAEPA policyholder?*

Yes No

New Members

You must register to become a member in order to apply for group life insurance.

I hereby attest that I am a U.S. citizen and meet one of the following qualifications:*

I am a spouse of a WAEPA member and want to apply as an associate member

To apply as an associate member, please include your spouse's current WAEPA membership information:

Member First Name*

Member Last Name*

WAEPA Member ID (optional)

Primary Phone Number*

Ext

Phone Type*

Home

Business

Mobile

Email*