

MEMBER NAME: _____
 Last name, First name

Is Member a Tobacco User? Yes/No
Is Spouse a Tobacco User? Yes/No
Is Spouse also a Guardmember? Yes/No

ARKANSAS SSLI COVERAGE OPTIONS SHEET (AGE 50-59)
 (Circle Desired Option Below)

		MEMBER	SPOUSE	MONTHLY COST
Member <i>(Age 50 or over)</i>	A	20,000	0	\$7.00
	B	70,000	0	\$25.00
	C	120,000	0	\$43.00
Member & Spouse <i>(Both age 50 or over)</i>	D	20,000	10,000	\$10.66
	E	20,000	60,000	\$28.66
	F	70,000	10,000	\$28.66
	G	70,000	60,000	\$46.66
	H	120,000	10,000	\$46.66
	I	120,000	60,000	\$64.66
Member & Spouse <i>(Member age 50 or over, Spouse under age 50)</i>	J	20,000	10,000	\$10.66
	K	20,000	110,000	\$20.66
	L	20,000	160,000	\$25.66
	M	70,000	10,000	\$28.66
	N	70,000	110,000	\$38.66
	O	70,000	160,000	\$43.66
	P	120,000	10,000	\$46.66
	Q	120,000	110,000	\$56.66
R	120,000	160,000	\$61.66	
Member & Spouse <i>(Member under age 50, Spouse age 50 or over)</i>	S	20,000	10,000	\$10.66
	T	20,000	60,000	\$28.66
	U	120,000	10,000	\$20.66
	V	120,000	60,000	\$38.66
	W	170,000	10,000	\$25.66
	X	170,000	60,000	\$43.66
	Y	270,000	10,000	\$35.66
Z	270,000	60,000	\$53.66	

RATES FOR TOBACCO USERS ARE AN ADDITIONAL
AGE 50 OR OVER \$18.00 (70,000 OR 60,000) \$36.00 (120,000)
UNDER AGE 50: \$10.00 (120,000 OR 110,000) \$15.00 (170,000 OR 160,000) \$25.00 (270,000)

INITIAL CLAIM PAYMENT WITHIN 24 HOURS OF NOTIFICATION

COVERAGE AND COST REMAIN THE SAME TO AGE 50, EVEN WHEN YOU LEAVE THE GUARD
 BENEFITS AND PREMIUM CANNOT BE CHANGED WITHOUT YOUR APPROVAL AND SIGNATURE

AR 1-501-758-6422

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