

Group Term Life Insurance Plan for Members of the National Guard Association of Wisconsin G-29360-0

Member's Name First Middle		Social Security #	
Mailing Address			_
City	State Zip	- Date of Birth///	
Phone #(Email		☐ Army ☐ Air Madison ☐ Air Milwaukee	
BENEFICIARY DESIGNATION	<u>N:</u>		
I hereby make the following benefit under this Group Term Life Insuran		on with respect to all the insurance on my life	
Beneficiary Name (Last, First, Mide	dle) Relation	nship to Member Social Security #	
Street Address	City	State Zip Code	
Date of Birth//	Pho	one #()	
		TERM LIFE INSURANCE AT NO COST	
Is the insurance applied for intended to re	eplace, discontinue	e or change an existing policy? Yes \[\]	□ No
Please read the following statements	carefully.		
MEMBER DECLARATION:			
an active guard member. I request the	above indicated a	amount of insurance and understand that I am cur ampunt of insurance and understand that coverage application provided the premium is paid when d	will be
		ests the insurance indicated; attests to having read the my knowledge and belief, the answers provided the state of the st	
the questions are true and complete.			
Member's Signature X(ple		Date	
FRAUD NOTICE –Any person wh person files an application for insurar conceals for the purpose of misleadir insurance act, which may be a crime	o knowingly and nce or statement ng, information ce and may subjec	with intent to defraud any insurance company of claim containing any materially false information concerning any fact material thereto commits a free such person to criminal and civil penalties.	tion or audulent
Note: The maximum amount of covera amounts of coverage for you and/or you		h this request is \$10,000 per member. To apply for ontact WINGA.	higher

G-29360-0

WINGA INSURANCE PLAN (SSLI), 2400 Wright Street, Room 205, Madison WI 53704-2572

DD Form 2558 must be submitted with this application form

FOR MORE INFORMATION: 608-242-3100 Fax 608-242-3106 E-mail: insinfo@winga.org www.winga.org/insurance.html