

MEMBER NAME: _____

Is Member a Tobacco User Yes / No
 Is Spouse a Tobacco User Yes / No
 Is Spouse also Guard Member Yes / No

SSLI COVERAGE OPTION SHEET (AGE 17-49)

(Circle Desired Coverage Option)

		MEMBER	SPOUSE	CHILDREN	MONTHLY COST
Member	A	10,000	0	0	\$ 4.40
	B	120,000	0	0	\$ 18.40
	C	170,000	0	0	\$ 23.40
	D	220,000	0	0	\$ 28.40
	E	270,000	0	0	\$ 33.40
Member & Children	F	10,000	0	5,000	\$ 7.75
	G	120,000	0	5,000	\$ 21.75
	H	170,000	0	5,000	\$ 26.75
	I	220,000	0	5,000	\$ 31.75
	J	270,000	0	5,000	\$ 36.75
Member & Spouse	K	10,000	5,000	0	\$ 6.80
	L	20,000	105,000	0	\$ 20.80
	M	20,000	155,000	0	\$ 25.80
	N	120,000	5,000	0	\$ 20.80
	O	120,000	105,000	0	\$ 30.80
	P	120,000	155,000	0	\$ 35.80
	Q	170,000	5,000	0	\$ 25.80
	R	170,000	105,000	0	\$ 35.80
	S	170,000	155,000	0	\$ 40.80
	T	220,000	5,000	0	\$ 30.80
	U	220,000	105,000	0	\$ 40.80
	V	220,000	155,000	0	\$ 45.80
	W	270,000	5,000	0	\$ 35.80
X	270,000	105,000	0	\$ 45.80	
Y	270,000	155,000	0	\$ 50.80	
Member & Family	AA	10,000	5,000	5,000	\$ 10.15
	BB	20,000	105,000	5,000	\$ 24.15
	CC	20,000	155,000	5,000	\$ 29.15
	DD	120,000	5,000	5,000	\$ 24.15
	EE	120,000	105,000	5,000	\$ 34.15
	FF	120,000	155,000	5,000	\$ 39.15
	GG	170,000	5,000	5,000	\$ 29.15
	HH	170,000	105,000	5,000	\$ 39.15
	II	170,000	155,000	5,000	\$ 44.15
	JJ	220,000	5,000	5,000	\$ 34.15
	KK	220,000	105,000	5,000	\$ 44.15
	LL	220,000	155,000	5,000	\$ 49.15
	MM	270,000	5,000	5,000	\$ 39.15
	NN	270,000	105,000	5,000	\$ 49.15
	OO	270,000	155,000	5,000	\$ 54.15

RATES FOR TOBACCO USERS ARE AN ADDITIONAL
\$10.00 (\$120,000 or \$105,000) \$15 (160,000 or 155,000) \$20.00 (220,000) \$25.00 (270,000)

INITIAL CLAIM PAYMENT WITHIN 24 HOURS OF NOTIFICATION

COVERAGE AND PREMIUM REMAIN THE SAME TO AGE 50, EVEN WHEN YOU LEAVE THE GUARD

BENEFITS AND PREMIUM CANNOT BE CHANGED WITHOUT YOUR APPROVAL AND SIGNATURE

(615) 833-9100

www.ngatn.org

MEMBER NAME: _____

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

SSLI COVERAGE OPTIONS SHEET (AGE 50-59)

(Circle Desired Option Below)

		MEMBER	SPOUSE	MONTHLY COST
Member (Age 50 or over)	A	10,000	0	\$4.40
	B	70,000	0	\$26.40
	C	120,000	0	\$44.40
Member & Spouse (Both age 50 or over)	D	10,000	5,000	\$6.80
	E	20,000	55,000	\$28.80
	F	70,000	5,000	\$28.80
	G	70,000	55,000	\$46.80
	H	120,000	5,000	\$46.80
	I	120,000	55,000	\$64.80
Member & Spouse (Member age 50 or over, Spouse under age 50)	J	10,000	5,000	\$6.80
	K	20,000	105,000	\$20.80
	L	20,000	155,000	\$25.80
	M	70,000	5,000	\$28.80
	N	70,000	105,000	\$38.80
	O	70,000	155,000	\$43.80
	P	120,000	5,000	\$46.80
	Q	120,000	105,000	\$56.80
	R	120,000	155,000	\$61.80
Member & Spouse (Member under age 50 Spouse age 50 or over)	S	10,000	5,000	\$6.80
	T	20,000	55,000	\$28.80
	U	120,000	5,000	\$20.80
	V	120,000	55,000	\$38.80
	W	170,000	5,000	\$25.80
	X	170,000	55,000	\$43.80
	Y	270,000	5,000	\$35.80
	Z	270,000	55,000	\$53.80

RATES FOR TOBACCO USERS ARE AN ADDITIONAL

AGE 50 OR OVER: \$18.00 (60,000 OR 55,000) \$36.00 (110,000)

UNDER AGE 50: \$10.00 (110,000 OR 105,000) \$15.00 (160,000 OR 155,000) \$25.00 (260,000)

INITIAL CLAIM PAYMENT WITHIN 24 HOURS OF NOTIFICATION

COVERAGE AND COST REMAIN THE SAME WHEN YOU LEAVE THE GUARD

ALLOTMENT CANNOT BE CHANGED WITHOUT YOUR APPROVAL AND SIGNATURE

(615) 833-9100

www.ngathn.org