



**NATIONAL INCOME LIFE INSURANCE COMPANY**  
**c/o National Income Life Service Center**  
**P.O. Box 2608 • Waco, TX 76797 • www.nilife.com**

**LAY-OFF WAIVER OF PREMIUM CLAIM FORM**

If you have been regularly employed within the same industry for 12 consecutive months and are laid-off, you may qualify for lay-off waiver of premium. **Lay-off Waiver of Premium** provides for a waiver of premiums while the insured is on a qualified lay-off and is actively seeking work. Qualified lay-off is the termination of employment in an announced reduction of force due to economic reasons affecting at least 10 persons. If this application is returned within 60 days after date of lay-off, one month's premium will be waived for each full month thereafter the insured is unemployed as a result of such lay-off. The maximum benefit period is three months.

Waiver will only apply to policies which were in force 60 days prior to the start date of the lay-off. If the premium is being waived on a policy on which the laid-off employee is the insured, waiver will also apply to otherwise qualifying policies on which the laid-off employee's family member is the insured. Receipt of lay-off Waiver of Premiums benefits may be considered taxable income.

Send this application to National Income. This must be signed by the employer or union officer.

Insured (Striking Union Member) \_\_\_\_\_ Policy Number(s) \_\_\_\_\_

Insured Spouse \_\_\_\_\_ Policy Number(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Union & Local No. \_\_\_\_\_ Phone \_\_\_\_\_

On what date did you quit work due to a strike? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you currently working? Yes  No

If so, on what date did you return to work? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Dated \_\_\_\_\_  \_\_\_\_\_

Signature of Insured

**CERTIFICATION BY EMPLOYER OR UNION OFFICIAL**

The above person was laid-off on \_\_\_\_\_ and is unemployed at this time.

Dated \_\_\_\_\_  \_\_\_\_\_

Signature of Representative of the  
Employer or Union Local Officer

Title

