

NATIONAL INCOME LIFE INSURANCE COMPANY

% National Income Life Service Center
P.O. Box 2608 • Waco, TX 76702 • 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 Premium benefits may be considered taxable income.

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

Insured (Laid-off person) _____ Policy Number(s) _____

Insured Family Members _____ Policy Number(s) _____

Address _____ Phone _____

Occupation _____

Employer Name _____

Union & Local No. _____ Phone _____

Date you quit work due to lay-off? _____

Are you now employed? Yes No

Date you returned to work? _____

Dated _____ X _____

Signature of Insured

CERTIFICATION BY EMPLOYER OR UNION REPRESENTATIVE

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

Date

Dated _____ X _____

Signature of Representative of the
Employer or Union Local Officer

Title

AG-2147 NY (R2-26)



From _____

Address _____

First
Class
Postage
Required

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