



EVENT DATE

PERSONAL INFORMATION

LAST NAME		FIRST NAME		M.I.
EMAIL ADDRESS		DAYTIME PHONE NUMBER		CELL PHONE
STREET ADDRESS				APT/UNIT#
CITY				STATE
				ZIP
SOCIAL SECURITY #		DATE OF BIRTH		PLACE OF BIRTH
SEX	MARITAL STATUS	HEIGHT (ft. in.) / WEIGHT (lbs.)	DRIVER LICENSE # / STATE OF ISSUE	
PRIMARY BENEFICIARY		DATE OF BIRTH		RELATIONSHIP
SECONDARY BENEFICIARY (Optional)		DATE OF BIRTH		RELATIONSHIP

EMPLOYMENT INFORMATION

EMPLOYER	OCCUPATION/DUTIES
EARNED ANNUAL INCOME	SERVICE COMP DATE

HEALTH INFORMATION

PRIMARY PHYSICIAN NAME	PRIMARY PHYSICIAN ADDRESS
CURRENT MEDICATIONS (Name and dosage)	
MEDICAL CONDITIONS AND PAST SURGERIES (Please list detailed information on back)	

I'D LIKE MORE INFORMATION REGARDING THE FOLLOWING PRODUCTS:

- | | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Accident Insurance | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Critical Illness | <input type="checkbox"/> Hospital Indemnity | <input type="checkbox"/> Federal Retirement | <input type="checkbox"/> Dental |

FEGLI vs. Union Life Program

- 1. Union Program: You get a policy.**
FEGLI? No policy. No proof of coverage other than what deduction shows on your paycheck.
- 2. Union Program: Premiums are level & coverage is level.**
FEGLI? Increase every 5 years from age 35 to 80 by 2000% (cost at age 60 over \$400/month). You're forced to eventually decrease coverage to due cost.
- 3. Union Program: You own the plan and take it with you if you leave federal service.**
FEGLI? You are renting from MetLife. Coverage decreases or premiums become so high you can't afford to pay them.
- 4. Union Program: You die and your family is paid in under a month.**
FEGLI: It's taken some employees' families up to 2 years to get paid!
- 5. Union Program: Pay as little as 1/2 of what FEGLI costs over your career & set it up to where your policy costs you nothing.**
FEGLI: Pay up to a year of salary in premiums and get nothing back.

The bottom line...look into your options today! Don't wait until it's too late to fix your life insurance and you've given away all of your money to a private insurance company (FEGLI)!

Lea Ann Woodard
Cell-(469)-616-7337
Fax 1-(800)-238-2104
Email-LWoodard@BenefitArchitects.com

**Sample Comparison of 35 yr. old electing
Union Member Life Insurance vs. FEGLI at Option B (5x)**



**\$250,000 coverage
(Option B, 5x a \$50K salary)**

**\$250,000 (minimum is \$50K with
no limit on coverage amounts)**

**\$250,000 (minimum is \$25K with
no limit on coverage amounts)**

\$88.58 avg. bi-weekly from
age 35 to 65

Cost based on your age and
current health.

Cost based on your age and
current health.

Premiums increase every 5
years & reach over \$385 bi-
weekly for Opt. B by age 65.

Premiums remain level for up
to 10, 15, 20 or 30 years.

Premiums remain level up to
age 120.

\$90,155 paid by age 65

\$16,380 paid by age 65

\$38,999 paid by age 65

\$0 cash value @ age 65

\$0 cash value @ age 65

\$64,041 in cash value
(estimated at age 65)

\$27,250 coverage @ age 70
(with 75% FEGLI reduction)

Coverage remains level for
10,15, 20 or 30 years.

\$250,000 coverage @ age 70
(not forced to reduce).
Coverage lasts up to age 120.

Union Plan Option 1

Union Plan Option 2

**\$90,155 paid into FEGLI or
\$16,380 paid into Union Life**

**\$90,155 paid into FEGLI or
\$38,999 paid into Union Life**

**\$73,775 Less Premiums Paid
+ 0 Estimated Cash Value @ 65**

**\$51,156 Less in Premiums Paid
+ 64,041 Estimated Cash Value @ 65**

\$73,775 Net Gain @ 65

\$115,197 Net Gain @ 65

**FEGLI figures based on OPM software, 35 yr old, \$50K salary with Opt. B coverage at 5x their annual salary. Cash value is based on an interest-sensitive Universal Life policy. Estimated cash value may vary. Interest rates as of 01/01/2014.*

See below for OPM's rates: Your premiums with the agency/FEGLI (Federal Employees Group Life Insurance) go up 2,000% from age 35 to 70 (increasing every 5 years until age 80)!

FEGLI Bi-Weekly Cost Analysis (Active at work)

Salary	Basic	Option A	Option B	Option C	Bi-Weekly Premium	Total Coverage
\$60,000	\$62,000	\$10,000	\$300,000	\$25,000 \$12,500		
Under 35	9.30	0.20	6.00	1.10	\$16.60	\$434,000
35-39	9.30	0.30	9.00	1.35	\$19.95	\$409,200
40-44	9.30	0.40	12.00	2.05	\$23.75	\$378,200
45-49	9.30	0.70	21.00	2.95	\$33.95	\$372,000
50-54	9.30	1.10	33.00	4.60	\$48.00	\$372,000
55-59	9.30	2.00	60.00	7.40	\$78.70	\$372,000
60-64	9.30	6.00	132.00	13.50	\$160.80	\$372,000
65-69*	9.30	6.00	162.00	15.70	\$193.00	\$372,000
70-74*	9.30	6.00	288.00	19.15	\$322.45	\$372,000
75-79*	9.30	6.00	540.00	26.30	\$581.60	\$372,000
80+*	9.30	6.00	792.00	36.00	\$843.30	\$372,000

* This Premium is only for active employees working past age 65

Total Cost to Stay in FEGLI to Age 65:

Age	Cost to 65	Age	Cost to 65
20	\$53,942.90	25	\$51,785.10
30	\$49,627.30	35	\$47,469.50
40	\$44,876.00	45	\$41,788.30
50	\$37,374.60	55	\$31,134.80
60	\$20,904.00		

*** Monthly Coverage and Cost Analysis (Retiree)**

75% Reduction- (No Additional Premiums)

	Basic	Option A	Option B	Option C	Total
	\$62,000	\$10,000	\$300,000	\$25,000	\$372,000
End of Age 65	\$47,120	\$7,600	\$228,000	\$19,000	\$282,720
End of Age 66	\$32,240	\$5,200	\$156,000	\$13,000	\$193,440
End of Age 67	\$17,360	\$2,800	\$84,000	\$7,000	\$104,160
End of Age 68	\$15,500	\$2,500	\$12,000	\$1,000	\$30,000
End of Age 69	\$15,500	\$2,500	\$0	\$0	\$18,000

*** Cost for No Reduction of Basic, Option B, and Option C**

Ending Salary	Basic	Option A	Option B	Option C	Monthly Cost	Annual Cost
\$60,000	\$62,000	\$10,000	\$300,000	25,000 \$12,500		
55-59	\$152.21	\$4.33	\$129.90	\$16.05	\$302.49	\$3,629.88
60-64	\$152.21	\$13.00	\$285.90	\$29.25	\$480.36	\$5,764.32
65-69	\$132.06	\$0.00	\$351.00	\$34.00	\$517.06	\$6,204.72
70-74	\$132.06	\$0.00	\$624.00	\$41.50	\$797.56	\$9,570.72
75-79	\$132.06	\$0.00	\$1,170.00	\$57.00	\$1,359.06	\$16,308.72
80+	\$132.06	\$0.00	\$1,716.00	\$78.00	\$1,926.06	\$23,112.72

Additional Cost to Stay in FEGLI from 65 Until Age:

Age	Additional Cost	Age	Additional Cost
70	\$31,023.60	75	\$78,877.20
80	\$160,420.80	85	\$241,964.40
90	\$357,528.00	95	\$473,091.60

FEGLI Rates are not guaranteed and subject to change; Rate Information for the above calculations provided by the OPM web site (www.opm.gov). Rates current as of 01-01-2016

From: <http://www.fegliclassaction.com>

FEGLI Class Action Lawsuit

Bower v. MetLife, Case No. 1:09-cv-00351

United States District Court for the Southern District of Ohio

Plaintiffs, beneficiaries of the Federal Employees Group Life Insurance Policy (FEGLI), have sued Defendants MetLife, Inc. and Metropolitan Life Insurance Company, Inc. (MetLife), alleging that MetLife failed to pay them all the delayed settlement interest (DSI) the Policy requires.

The Court has allowed the lawsuit to be a class action on behalf of all beneficiaries who filed claims for FEGLI benefits at any time from May 18, 2003 through the present.

The Court has not decided whether MetLife did anything wrong. There is no money available now, and no guarantee there will be. However, your legal rights are affected, and you have a choice to make now:

Your options are explained on this website. To ask to be excluded, you must act before October 1, 2011.

Lawyers must prove the claims against MetLife at a trial set to start July 30, 2012. If money or benefits are obtained from MetLife, you will be notified.

Important Dates

May 18, 2009 - Date Case was filed

January 24, 2011 - Date of Court Order Certifying the Case as a Class Action

August 8, 2011 - Date Notice of Certification Order was Mailed to Class Members

October 1, 2011 - Deadline for Requesting Exclusion from the Class (postmark date)

July 30, 2012 - Date Trial begins

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER 3 3 3 0	
CITY	STATE	F TYPE OF PAYMENT (<i>Check only one</i>)	
TELEPHONE NUMBER AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other <u>Savings Allotment</u> (<i>specify</i>)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix		TYPE	AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION PNC Financial Services Group 101 W Washington Street, Suite 400E Indianapolis IN 46255		ROUTING NUMBER 0 4 1 0 0 0 1 2 4		CHECK DIGIT 4
DEPOSITOR ACCOUNT TITLE Fidelity & Guaranty Life Insurance Company				
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME Christine Wise	SIGNATURE OF REPRESENTATIVE 	TELEPHONE NUMBER 317-267-7625	DATE 11/3/11	

Financial institutions should refer to the GREEN BOOK for further instructions.
 THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
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SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER																
CITY STATE ZIP CODE		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>		8	7	0	0	3	1	0	6	2						
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C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																
Prefix Suffix		TYPE	AMOUNT															
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)																
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																
SIGNATURE	DATE	SIGNATURE	DATE															
SIGNATURE	DATE	SIGNATURE	DATE															

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER										
FROST BANK PO BOX 1600 SAN ANTONIO, TX		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table>		1	1	4	0	0	0	0	9	3
1	1	4	0	0	0	0	9	3				
		DEPOSITOR ACCOUNT TITLE										
		RMJP-ANICO										
FINANCIAL INSTITUTION CERTIFICATION												
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.												
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE									
Karen Green	<i>Karen E. Green</i>	800-733-7236 x-1000	05/22/2017									

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

I hereby authorize Frates Benefit Administrators (FBA) to receive my payroll deduction into the Frost National Bank Premium Trust Account. I authorize FBA to pay the net billed premium to ANICO on a biweekly basis from this trust account. I understand that for the convenience of payroll deduction, the \$2.00 administrative fee paid to FBA will be non-refundable.	
<hr style="width: 80%; margin: 0 auto;"/> <p>Employee Signature</p>	<hr style="width: 80%; margin: 0 auto;"/> <p>Date</p>