

# ANGLICAN BENEFITS PROGRAM

## RETIREE BENEFITS ENROLLMENT PLAN YEAR - September 1, 2024 - August 31, 2025

PLEASE CHECK APPROPRIATE BOX:  Retiree Enrollment  Information Change

Employee Name (as on your Social Security Card)			Social Security Number		Date of Birth (Month/Day/Year)		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Address			Email Address				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
City		State	Zip Code	Date of Hire		Job Title <input type="checkbox"/> Clergy <input type="checkbox"/> Lay Person		Phone Number

### AMERICAN UNITED LIFE INSURANCE COMPANY

**Please Complete:**  \$5,000 - Retiree Benefit

The undersigned understands and agrees any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct. The undersigned have read, understand, and retained the notices, limitations and exclusions for his/her records.

I authorize my employer to deduct from my wages the amount of premium required for the amount of coverage approved by AUL, including any premium increases due to age bracket or salary changes when applicable. Premium payments greater than the amount of premium owed will not result in additional coverage under AUL's policy.

**FRAUD WARNING:** Any person, who, with intent to defraud by knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

**PLEASE BE SURE TO COMPLETE THE LIFE AND AD&D BENEFICIARY FORM**

**Retiree Signature**

X Date

**Parish Authorization**

X Date

Parish:		Parish Contact:	
Address (Mailing):			
City:		State and Zip Code:	
Parish Telephone Number:		Diocese/Convocations:	
Parish Email Address:		Billing E-mail Address:	