

**AMERICAN INCOME LIFE INSURANCE COMPANY**  
**P.O.BOX 2608 • WACO, TEXAS 76797 • www.aillife.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. A 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.

The 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, the waiver will also apply to otherwise qualifying policies on which the laid-off employee's spouse is the insured. Send this application to American Income Life Insurance Company. This must be signed by the employer or union officer.

Insured (laid-off person) \_\_\_\_\_ Policy No. \_\_\_\_\_

Insured Spouse \_\_\_\_\_ Policy No. \_\_\_\_\_

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? \_\_\_\_\_

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Insured

**CERTIFICATION BY EMPLOYER OR UNION REPRESENTATIVE**

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

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Representative of the      Title      Date  
Employer or Union Local Officer

AG-2147 (R08/06)



**From** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**First  
Class  
Postage  
Required**

**American Income Life Insurance Company**  
**P.O. Box 2608**  
**Waco, Texas 76797**