AMERICAN INCOME LIFE INSURANCE COMPANY P O Box 15446 • New Lynn, Auckland NZ 0640 0800-894-121 • <u>www.ailife.com</u> • <u>NZPOS@ailife.com</u> 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.

Occupation	Insured (laid-off person)		Policy No		
Address	Insured Spouse		Policy No.		
Occupation					
Union Company Name of Employer Phone Phone Date you quit work due to lay-off? Are you now employed? Yes No CCITCLE one) Date you returned to work? X Date X Date Signature of insured The above person was laid-off on Date and is unemployed at this time. Date X Date The above person was laid-off on Date X Date X Date NZ AG-2147 (R02/19) From First Class Postage	Occupation				
Union Company Name of Employer Phone Phone Date you quit work due to lay-off? Are you now employed? Yes No CCITCLE one) Date you returned to work? X Date X Date Signature of insured The above person was laid-off on Date and is unemployed at this time. Date X Date The above person was laid-off on Date X Date X Date NZ AG-2147 (R02/19) From First Class Postage	Employer Name				
Are you now employed? Yes No (Circle one) Date you returned to work? XDate Signature of Insured CERTIFICATION BY EMPLOYER OR UNION REPRESENTATIVE The above person was laid-off onDateand is unemployed at this time. XDATEDATE Signature of Employer or Union Representative Title NZ AG-2147 (R02/19) From	Union Company Name of Employer		Phone		
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Signature of Insured CERTIFICATION BY EMPLOYER OR UNION REPRESENTATIVE The above person was laid-off on and is unemployed at this time. Date	Date you returned to work?		· · · · · · · · · · · · · · · · · · ·	5	
Signature of Insured CERTIFICATION BY EMPLOYER OR UNION REPRESENTATIVE The above person was laid-off on Date	x		Date		
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The above person was laid-off on and is unemployed at this time. XDATE					
Date X					
Signature of Employer or Union Representative Title NZ AG-2147 (R02/19) From			and is unemployed at this time		
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American Income Life Insurance Company P.O. Box 15446 New Lynn, Auckland NZ 0640