



Agent Instruction for Submitting New Application

In addition to the insurance application, the following forms may be required at time of application. All applicable forms should be submitted at the same time as the application.

Required Outline of Coverage form and Receipt of Outline Coverage form must be presented at time of application to the applicant. The Receipt must be signed by the applicant and submitted with the application. The policy will not be issued unless this form is received. Applicable in these states: AR, CA, CT, DE, GA, ID, IL, IA, KS, ME, MT, NH, NJ, NY, OK, OR, PA, SC, TX, UT, VT, WA.

- Please note additional requirements for KS & NJ:

KS--the agent must also sign the Outline of Coverage (OOC) form. The signed OOC must be submitted with the application and Receipt of Outline Coverage.

NJ—there are 2 different OOC forms. If the applicant is under 65, present AOOC-2014-NJ (65) for review. For applicants 65 and over, AOOC-2014-NJ (66) and the ‘Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare’ must be presented. The guide can be found at: <https://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf>

Payment Authorization Form - For automatic payment from Checking/Savings Account or by Credit Card, complete ACH-AP form.

Receipt for Guaranteed Issue Policies - For Check or Money Order ONLY. If check or money order is collected with application, provide Receipt CRGI to customer and **submit a copy of the receipt** with the application and check. The receipt must be signed by the agent.*

*In KS if a check, money order or authorization of payment is collected with the application, please provide receipt CRGI-2015-KS to customer and submit a copy of the receipt with the application and payment. The receipt must be signed by the agent.

Split Commissions: Split commissions are allowed between 2 agents. Check off Agent Split on the application. Fill out the Agent Split Request Form located in this kit.

(CA Only) Disclosure to Seniors - If individual is age 65 or older and agent is meeting in their home, provide completed form to individual. A copy should be kept on file (Do Not send to Gerber Life).

(MA Only) Notice to Applicant Regarding Replacement of Accident and Sickness Insurance—When the Gerber Life policy will replace another accident insurance policy, have the applicant complete the state required form, provide a copy to the applicant, and submit the completed form with the application.

(NY Only) Please note that New York Insurance laws require all insurance companies to ask, on an accident insurance application, whether the applicant has health insurance that meets minimum federal requirements, and if not, prohibits insurers from accepting the application. Do not submit the application if the insured does not have health insurance that meets the minimum federal requirements.

*Please follow your Marketing Office procedures for application submission to Gerber Life.

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Gerber Life Insurance

445 State Street • Fremont, Michigan 49412
www.gerberlife.com

☐ Agent Split

Agency Application

Agent Name _____ **Agency Name** _____ **Agent #** _____

Agent Phone # _____ **Agent Email** _____

Accidental Death & Dismemberment Application

Application for: **Accident Policy**

To: Gerber Life Insurance Company, White Plains, NY

Primary Insured:

Your First Name _____ Middle Initial _____ Last Name _____

Address _____ Phone () _____

City _____ State _____ Zip Code _____

Date of Birth ____ / ____ / ____ Sex ☐ Male ☐ Female
Month Day Year

Email _____

Amount of Coverage for You:

☐ \$50,000 ☐ \$100,000 ☐ \$150,000 ☐ \$200,000 ☐ \$250,000 ☐ \$ _____

Beneficiary: _____ Relationship _____

Do you plan to replace, cancel or change any other accident insurance when you get ours? ☐ Yes ☐ No

If "yes", please provide the name of the other company so we can notify them.

Company Name _____

Provide name of your spouse/domestic partner/party to civil union to have coverage.

Relationship/Name	Date of Birth	Sex		Coverage Amount
		M	F	
Spouse/Domestic Partner/Party to Civil Union:	____/____/____			

Provide name(s) of your child(ren) to have coverage.

Name	Date of Birth	Sex		Coverage Amount*
		M	F	
Child 1:	____/____/____			
Child 2:	____/____/____			
Child 3:	____/____/____			

*Each child identified under this policy will have \$5,000 to \$25,000 in coverage.

I AGREE THAT: The information above is true and complete to the best of my knowledge and belief; no insurance shall take effect until a policy is issued and the first premium is received by Gerber Life during my lifetime.

X _____
Signature of Primary Insured **Date**

This policy provides limited benefits. Review your policy carefully.

Benefits, Exclusions and Limitations

- Full cash benefits are paid for loss of life as a direct result of injury. Full cash benefits are also paid for loss of: both hands, both feet, sight in both eyes, one hand and one foot, one hand and sight in one eye, or one foot and sight in one eye. Half cash benefits are paid for the loss of: one hand, one foot or sight in one eye.
- Benefit amounts are not payable if death or covered loss occurs more than 180 days after the date of the accident; or if the loss of life, limbs or eyesight is due to: Intentional self-inflicted injuries or attempts thereat; suicide or attempted suicide, while sane or insane; act of war; voluntary participation in a riot or civil disorder; extra-hazardous activities, including parasailing, bungee jumping, heli-skiing, base jumping, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking, or mountaineering/rock climbing; military service; alcohol intoxication above the legal limits in the jurisdiction where the accident occurs; Intoxication by or under the influence of any controlled substance or narcotic, unless prescribed by a physician, or any non-prescription drug unless taken as directed; deliberate ingestion of poison, fume, noxious chemical substance or gas; voluntary commission of or attempt to commit a felony or engage in an illegal occupation; specialized aviation activity (other than a fare-paying passenger on a commercial airline); or sickness or disease, except for infection resulting from an accidental cut or wound.

Benefit amounts are subject to Gerber Life insurance limits.

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Policy: ACC-2014-UT

GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVE, WHITE PLAINS, NY 10605

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE
THIS POLICY PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED
TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE

POLICY

1. READ YOUR POLICY CAREFULLY -- This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

2. ACCIDENT ONLY COVERAGE -- Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses. Coverage is provided for loss of life or dismemberment.

3. Benefits: This policy provides benefits for Accidental Death and Dismemberment.

We agree to pay benefits for the losses described below to all eligible persons shown on your Policy Schedule:

- 1) Who, as a direct result of an injury, and from no other cause, suffer a covered loss within 180 days from the date of an accident; and
- 2) Whose injury results from any of the types of accidents described in the Classification of Injuries provision.

The Full Amount for you, your covered spouse/domestic partner/civil union partner, and covered child(ren) is shown in your Policy Schedule. The losses covered by the policy are as follows:

LOSS

For the Insured and Insured Spouse/Domestic Partner/Civil Union Partner	Benefit *
Life:	Full Amount
Both Hands, Both Feet or Both Eyes:	Full Amount
One Hand and One Foot, One Hand and One Eye or One Foot and One Eye:	Full Amount
One Hand, One Foot or One Eye:	One half of the Full Amount

For the Insured Child	Benefit*
Life:	Full Amount
Both Hands, Both Feet or Both Eyes:	Full Amount
One Hand and One Foot, One Hand and One Eye or One Foot and One Eye:	Full Amount
One Hand, One Foot or One Eye:	One half of the Full Amount

4. EXCLUSIONS

We will not pay benefits for:

- (a) intentionally self-inflicted injuries or attempts thereat; suicide or attempted suicide while sane or insane;
- (b) injuries caused by act of declared or undeclared war;
- (c) voluntary and active participation in a riot or civil disorder;
- (d) extra-hazardous activities including parasailing, bungee jumping, heli-skiing, base jumping, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running;
- (e) injuries received while participating in training exercises or maneuvers of an armed service while a member of an armed service;
- (f) any injury sustained or contracted in consequence of the insured person's:
 - (1) intoxication due to ingestion of alcohol above the legal limits in the jurisdiction where the accident occurs;
 - (2) intoxicated by or under the influence of any controlled substance or narcotic, including prescribed medications, marijuana and hashish, unless administered on the advice of a physician and taken as prescribed by such physician. We also exclude loss due to non-prescription drug use unless taken in accordance with its written directions; or
 - (3) being under the influence of a poison, fume, noxious chemical substance or gas that was deliberately ingested;
- (g) injuries to which a contributing cause was the insured person's voluntary commission of or attempt to commit a felony or being engaged in an illegal occupation;
- (h) injuries received while participating in any specialized aviation activity; or
- (i) Sickness or disease, except for bacterial infection resulting from an accidental cut or wound.

5. RENEWABILITY: Your policy is renewable until age 80, subject to payment of premiums when due. We may not change rates.



Gerber Life Insurance Company

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www.gerberlife.com

**RECEIPT OF OUTLINE OF COVERAGE
FOR AN
ACCIDENT ONLY POLICY**

Per State Law, an outline of coverage was provided to me at the time of application.

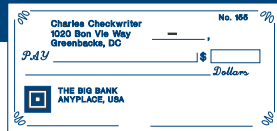
Primary Insured's Name

Primary Insured's Signature

Date

Gerber Life will not charge your account any money until 3 days after your application is approved.

How to pay your premiums automatically through your CHECKING ACCOUNT:



1. Complete and sign the Authorization Form below.
2. Please provide the required financial information. Contact your financial institution for the correct account and routing numbers.
3. Your first premium will be withdrawn 3 days after your application is approved by Underwriting unless a Preferred Payment Date has been requested.
4. Premiums will continue to be automatically withdrawn each month unless you indicate a different time period by selecting 3 months, 6 months or 12 months in the space provided on this Form.

How to pay your premiums automatically through MASTERCARD or VISA:



1. Complete and sign the Credit Card Authorization Form below.
2. Your first premium will be charged 3 days after your application is approved by Underwriting unless a Preferred Payment Date has been requested.
3. Premiums will continue to be charged monthly to the credit card you select, unless you indicate a different time period by selecting 3 months, 6 months or 12 months in the space provided on the Form.

Questions? Call our toll-free number: **1-800-428-4947** Monday-Friday, 8:30am to 6pm (EST)

Use this Authorization Form for payment by automatic withdrawal from CHECKING ACCOUNT

☐ **Yes**, I hereby authorize the bank or financial institution named below to pay my insurance premiums as indicated below, by automatic withdrawal from my checking account. **I understand that my 1st premium will not be withdrawn until 3 days after my application is approved by Underwriting unless a Preferred Payment Date has been requested.** I also understand that I may cancel this authorization at any time by notifying Gerber Life Insurance Company.

Name _____
Last Name First Name Middle Initial

Address _____ Phone _____

City _____ State _____ Zip _____

Insured's name: _____ Date of Birth: _____

Name of Financial Institution _____

Type of Account: ☐ Checking ☐ Savings Bank Transit # _____ Account # _____

X _____ Date _____
(Accountholder's Signature)

Preferred Payment Date _____
If application not approved by date selected, premium will be withdrawn on the date selected the following month. If the insured's age changes prior to selected date, the premium will be based on the new age.

Please automatically withdraw my premiums every (check ☒ one): ☐ month ☐ 3 months ☐ 6 months ☐ 12 months

Use this Credit Card Authorization Form for payment by MASTERCARD or VISA

☐ **Yes**, please charge my premiums to my credit card account. **I understand that my 1st premium will not be withdrawn until 3 days after my application is approved by Underwriting unless a Preferred Payment Date has been requested.** I also understand that I may cancel this authorization at any time by notifying Gerber Life Insurance Company.

Please check ☒ one: ☐ Mastercard – Must contain 16 numbers ☐ VISA – Must contain 13 or 16 numbers

Card Number: _____ Exp. Date _____

Name _____
Last Name First Name Middle Initial

Address _____ Phone _____

City _____ State _____ Zip Code _____

Insured's Name: _____ Date of Birth: _____

X _____ Date _____
(Cardholder's Signature)

Preferred Payment Date _____
If application not approved by date selected, premium will be withdrawn on the date selected the following month. If the insured's age changes prior to selected date, the premium will be based on the new age.

Please charge my premiums every (check ☒ one): ☐ month ☐ 3 months ☐ 6 months ☐ 12 months



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Primary Agent Name: _____ **Agent #:** _____

Agency Name: _____ **Applicant's Name:** _____

SECONDARY AGENT - AGENT SPLIT REQUEST

Please review the following outline of requirements:

- ✓ This form must be sent in at time of application in order for a split commission to be applied.
- ✓ Split Commissions are allowed between two agents only.
- ✓ The name, agent ID, and split percentage for the secondary agent must be included in the request.
 - If the percentage of the split is missing, it will default to 50% for each agent for the life of the policy.

Please provide secondary agent information for split commissions:

First Name: _____

Last Name: _____

Gerber Life Agent ID: _____

(If agent ID is not known, write in 9999-9999)

Percent of Split: _____ %

GERBER LIFE INSURANCE COMPANY • Home Office: 1311 Mamaroneck Avenue, Suite 350, White Plains, NY 10605

RECEIPT FOR GUARANTEED ISSUE POLICIES

THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT WHEN THE FIRST PREMIUM IS PAID BY CHECK OR MONEY ORDER. PAYMENT IN CASH IS NOT ACCEPTABLE.

All checks and money orders must be made payable to: GERBER LIFE INSURANCE COMPANY.

Any insurance issued will be effective from the date of the completed application provided that:

2. The insurance applied for does not exceed Gerber Life Insurance Company's over-insurance limit.

1. The first premium is paid on the date of the completed application by check or money order that is honored and collectable; and

Received from _____ the sum of \$ _____ paid by check or money order at the time of signing the insurance application.

The proposed insured is: _____

Date: _____
Month /Date/ Year

Signature: _____
Licensed Agent

Agent#: _____

CRGI-2011

Agent Instructions:

PLEASE NOTE THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT AND **A COPY MUST BE SENT TO GERBER LIFE INSURANCE** WHEN THE FIRST PREMIUM IS PAID BY CHECK OR MONEY ORDER. THIS MUST BE DONE AT THE TIME OF APPLICATION. ADDITIONALLY, **THE CONDITIONAL RECEIPT, APPLICATION AND THE CHECK MUST ALL HAVE THE SAME DATE.**