

AIG Life Insurance Company

**The County of Santa Barbara
Voluntary Accident Insurance Plan**

Policy No. PAI 801 2862

Principal Sum (check one box only)	Family Plan	Individual Plan
<input type="checkbox"/> \$500,000* <input type="checkbox"/> \$400,000* <input type="checkbox"/> \$350,000* <input type="checkbox"/> \$300,000* <input type="checkbox"/> \$250,000* <input type="checkbox"/> \$200,000* <input type="checkbox"/> \$175,000* <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 25,000	<input type="checkbox"/> Yes. Please provide me with coverage for myself and family members.	<input type="checkbox"/> Yes. Please provide me with coverage for myself only.
<input type="checkbox"/> Please deduct from my salary the premium for the insurance for which I have applied. I understand that if I purchase more than I am allowed any excess premiums will be refunded.		<input type="checkbox"/> I have been given the opportunity to apply for this insurance but do not desire to participate.

Name: _____
First Name Last Name Date of Birth

Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Beneficiary: _____ Relationship: _____

Spouse's Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Principal Sum Amount	BI-WEEKLY PREMIUMS	
	Individual Plan	Family Plan
\$ 25,000	\$.38	\$.54
50,000	.76	1.09
75,000	1.14	1.63
100,000	1.52	2.17
125,000	1.90	2.71
150,000	2.28	3.26
175,000	2.66	3.80
200,000	3.04	4.34
250,000	3.80	5.43
300,000	4.56	6.51
350,000	5.32	7.60
400,000	6.08	8.68
500,000	7.60	10.85

*Amounts above \$150,000 may not exceed 10 times your annual base salary.