

60/60 NAGE (Humana VIP)

Name _____

On the accompanying benefit applications and this enrollment form, I have applied for certain benefits offered through the above group. It is my decision to receive the following through allotment / payroll deduction.

		Initial Election	60/60 ELIM. Bi-Weekly Deduction
80330			
Disability Plan (Occ 2)	ONE YEAR		
\$2000 per month Benefit			\$30.46
\$2500 per month Benefit			\$38.08
\$3000 per month Benefit			\$45.69
\$3500 per month Benefit			\$53.31
\$4000 per month Benefit			\$60.92
\$4500 per month Benefit			\$68.54
\$5000 per month Benefit			\$76.15

Authorized Signature : _____

Date: _____



**UNITED
B E N E F I T S**

866-558-2121

419 E Tennessee St Florence AL 35630