

90/90 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.

80330 Disability Plan (Occ 2)	ONE YEAR	Initial Election	90/90 ELIM. Bi-Weekly Deduction
\$2000 per month Benefit			\$25.38
\$2500 per month Benefit			\$31.73
\$3000 per month Benefit			\$38.08
\$3500 per month Benefit			\$44.42
\$4000 per month Benefit			\$50.77
\$4500 per month Benefit			\$57.12
\$5000 per month Benefit			\$63.46

Authorized Signature : _____

Date:



UNITED
B E N E F I T S

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