AIG
Group Benefits

American General Life Insurance Company*
Houston, Texas
The United States Life Insurance Company in the City of New York
New York, New York
*This company does not solicit business in New York

Employer's Statement
Waiver of Premium Benefit
PO Box 14294, Lexington, KY 40512
Tel +1 800-289-2266 Fax +1 855-864-0530
Email: claimsubmission@groupclaims.com

TO BE COMPLETED BY THE EMPLOYER OR DULY AUTHORIZED AGENT			
Name of Insured		Telephone Number	
Address	City	State	Zip Code
Group Policy Number	Certificate Number		
Social Security No.	Date of Birth	Telephone Number	
Name of Employer			
Address	City	State	Zip Code
Nature of Business			
Insured's job title	Average number of hours worked per week		
Describe the job requirements performed by the Insured prior to disability			
Date of hire	Date Insured was unable to perform partial duties	Date Insured was unable to perform all duties	Last full day worked
Is Insured's illness or injury the sole cause of absence? ☐ Yes ☐ No If No, explain			
Has Insured been absent from work before because of any illness or injury? ☐ Yes ☐ No If Yes, describe			
Date premium payments terminated on Insured's coverage	If not yet terminated, give expected date of termination		
Weekly earnings	Insurance class		
Name of Person Completing this Form (Print)	Title		
THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
Signature	Date		

BY FURNISHING THIS BLANK AND INVESTGATING THE CLAIM THE COMPANY SHALL NOT BE HELD TO ADMIT THE VALIDITY OF ANY CLAIM OR TO WAIVE THE BREACH OF ANY CONDITION OF THE POLICY