



AIG Benefit Solutions

Underwritten by
American General Life Insurance Company*
Houston, Texas

The United States Life Insurance Company In the City of New York
New York, New York

National Union Fire Insurance Company of Pittsburgh, PA
New York, New York

*This company does not solicit business in New York

Benefit Solutions Employers Agreement For Employee Paid Products

Administrative Office: P. O. Box 9000 Amarillo, TX 79105
Phone: (800) 231-3655 & Fax: (713) 831-3929

Instructions: Complete Sections 1 through 4.

Section 1: Employer Information

Employer Name _____

Employer Address _____

City, State Zip _____

Contact Name and Title _____

Phone _____

Email _____

Number of Eligible Employees _____ Full-time _____ Part-time _____ Years in Business _____

Have you had any notable increases or decreases in the number of employees over the past 12 months?

Yes No

If yes, please explain: _____

Number of Locations _____ Type of Business _____ SIC Code _____

Section 2: Product Information

Life Products

Individual

Group - Master Application must be completed.

Personal Universal Life

In addition to employees, coverage will be offered to:

Spouse Dependent Children

Waiver of Monthly Deduction Rider

Accidental Death Benefit Rider

Terminal Illness Benefit Rider

Children's Insurance Benefit Rider

Future Guaranteed Insurability Rider (FGIR)

Personal Term Life

Waiver of Monthly Deduction Rider

Accidental Death Benefit Rider

Terminal Illness Benefit Rider

Children's Insurance Benefit Rider

Group Term Life

Group AD & D

Group Supplemental AD & D

Group Supplemental Life

Accident and Health Products

Individual

Group - Master Application must be completed.

Personal Critical Illness With cancer coverage Without cancer coverage

Benefit Extension Rider. Rider is available with cancer coverage only.

Loss of Independent Living Rider

Medical Personnel/HIV Benefit Rider

Group Critical Illness

Section 125 Yes No

Section 4: Authorization

Upon the written approval of American General Life Companies to include its domestic life insurance affiliates (collectively "AGLC") regarding a voluntary insurance program with the Employer identified above ("Employer"), Employer agrees to establish a voluntary insurance program (the "Program") under which its eligible employees ("Employees") may purchase individual life and/or accident and health products issued by AGLC and arrange for payment of the premiums for such insurance by payroll deduction. Accordingly, Employer and AGLC agree as follows:

1. Employer agrees to allow AGLC representatives reasonable access to eligible Employees during regular working hours for the purpose of promoting, explaining and/or enrolling such Employees in the Program on at least an annual basis. Employer agrees to provide AGLC representatives with a private area conducive to Employee confidentiality in which to meet with such Employees.
2. Employer agrees to honor and administer all requests from eligible Employees participating in the Program ("Participant") for periodic payroll deductions for the payment of insurance premiums and/or deposits as specified by Participant.
3. AGLC agrees to submit to Employer, if requested by Employer, periodic statements indicating the amount of premium to be deducted from each Participant's payroll. Employer agrees to remit to AGLC all payroll deductions accumulated on behalf of each Participant, in the amounts indicated in periodic statements furnished to Employer by AGLC, in a timely manner.
4. Employer and AGLC may terminate the Program upon 60 calendar days written notice to the nonterminating party. Following such termination, a Participant who is eligible to maintain insurance coverage must pay premiums directly to AGLC.
5. **If a Participant elects to terminate his or her participation in the Program, Employer agrees to notify AGLC of such termination no later than the date of Employer's next remittance to AGLC of the accumulated deductions following such termination.**
6. Employer and AGLC agree that Employer is not responsible for the premium payment of any Participant after the termination of such Participant's employment. However, Employer shall be responsible for remitting all funds which were deducted from such Participants payroll prior to the effective date of termination of Participant's employment.
7. Each party agrees to treat confidentially, all information, records and materials obtained by it in connection with this Agreement and any enrollment of Employees in the Program.
8. This Agreement does not amend or alter the terms of any individual life and/or accident and health products or contract.
9. THIS AGREEMENT SHALL BE CONSTRUED AND SHALL BE IN FORCE IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS. **This agreement, including the data and information provided by Employer and all representations, warranties and agreements set forth in this Agreement, constitutes the entire understanding and agreement between the Employer and AGLC. Employer understands that no Program will be deemed to be established without the prior written approval of AGLC.**

By signing this Agreement, Employer represents and warrants that Employer has reviewed the information contained in this Employer's Agreement, and that the information is true, correct and complete in all respects. Employer understands and agrees that AGLC will rely on the information set forth in this Employer's Agreement in determining an offer for insurance coverage, if any, for eligible employees of Employer. In this regard, AGLC reserves the right, at any time, to change or withdraw an offer provided to Employer, in the event of incorrect or incomplete information or other related errors in connection with this Employer's Agreement. Employer will be promptly notified in writing by AGLC in the event of any changes to or withdrawal of AGLC offer for insurance coverage for eligible employees of Employer.

Employer:

Producer:

Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

American General Life Insurance Company

Signed: _____
 Print Name: _____
 Date: _____