



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

Payroll Deduction Authorization

Administrative Office: P. O. Box 9000, Amarillo, TX 79105

*This company does not solicit business in New York

	Amount Per Deduction	Monthly Amount	Pre-Tax Deduction? (Y or N)
Employer Name			
Employee Name			
Employee Social Security Number			
Employee ID# (if different from SS#)			
Frequency of Payroll Deductions			
Date payroll deductions are to begin			
Location/Dept.			
Acct #/Alt Control #			
Payroll #/Agency #			
Platinum Personal (Universal Life) Employee Coverage			
Personal (Universal Life) Spouse Coverage			
Personal (Universal Life) Dependent Coverage			
(Universal Life) Existing Life Deduction			
Personal Critical Illness—Critical Illness Deduction			
Personal Accident EmergencyCare—Accident Deduction			
Life Term Life Employee Coverage			
Personal Term Life Spouse Coverage			
Group Critical Illness Critical Illness Deduction			
Group Hospital Accident and Sickness Deduction			
Group Hospital Indemnity Accident Deduction			
Group Term Life Deduction			
Group Term AD&D Deduction			
Group Supplemental AD&D			
Group Supplemental Life			
Group Short-Term Disability Deduction			
Group Long-Term Disability Deduction			
New York Disability Benefits Law (NY DBL)			
Group Voluntary Dental Deduction			
Group Voluntary Vision Deduction			
Total Deduction Amount			

TO MY EMPLOYER...I hereby authorize and request you, as my agent, to deduct from my salary the amount shown above and remit to a member company of American General Life Companies to cover premiums on the insurance policy(ies) or certificates(s) for which I have applied. This authorization shall remain in effect until written notice is provided by me to discontinue same or termination of my employment.

Date Signature

PRE-AUTHORIZED ADDITIONS

I authorize increasing my deduction each pay period by an amount equal to \$1 per week for each insured indicated below, to take place after each 12 month period, commencing one year from the date of this authorization and terminating after the fifth increase (third for spouses).

Employee Yes No Spouse Yes No

Date Signature