STATEMENT OF UNDERSTANDING

EMPLOYEE NAME	DOB
SSN	GOVT AGENCY
HOME PHONE ()	WORK PHONE ()
PLACE OF WORK	PERSONNEL OFFICE
I UNDERSTAND THAT:	
me to verify certain information	ne office of the insurance company will be calling at (Home/work)
2(Agent name)	is an insurance agent representing and is not affiliated with the Federal Government.
	s not endorse or sponsor the individual life and/or . I am purchasing at this time, and it is not meant to oup life policy.
4. My biweekly deduction is \$_ authorize the change.	per pay period and will not change unless I
5. My illustration will be mailed any questions or changes, I will	to me within 7-10 business days. If I do not have automatically be processed.
	process my bi-weekly deduction either by using number or my signed allotment form.
should it inadvertently stop due	restart my government/federal/payroll allotment, to an error or changes to my work status. I ion can be rescinded/cancelled by me, at any time,
· ·	ed me that all personal information is protected by as Client Services privacy regulations and
I hereby verify that I have thore completed it to the best of my k	ughly read the above information and have nowledge and understanding.
· · · · · · · · · · · · · · · · · · ·	IIS DOCUMENT, I UNDERSTAND THAT I G FOR INSURANCE TODAY.
Signature of Applicant	Date
Signature of Agent	Date