

COMMERCIAL INSURANCE SOLICITATION RECORD

For use of this form, see AR 210-7; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10 USC, Section 3012.

PRINCIPAL PURPOSE: To furnish information regarding the insurance policy sold to members in pay grades E-1, E-2 and E-3.

ROUTINE USES: Information used by Insurance Officer to counsel the member to insure that he understands the terms of the insurance policy. This form is then forwarded to the Personnel Officer to initiate DA Form 1341 to start allotment. **DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY, HOWEVER, FAILURE TO PROVIDE THE INFORMATION WILL PRECLUDE THE PROCESSING OF ALLOTMENT FOR MEMBERS IN PAY GRADES E-1, E-2, AND E-3.**

SECTION I - (COMPLETED BY INSURANCE COMPANY REPRESENTATIVE AND GIVEN TO APPLICANT)

TO: (CO, Military Organization of Applicant)

DATE

APPLICATION FOR AN INSURANCE POLICY ON HIS/HER LIFE HAS BEEN SUBMITTED TO MY COMPANY BY THE FOLLOWING INDIVIDUAL

LAST NAME - FIRST NAME - MIDDLE INITIAL OF APPLICANT

GRADE

SSN

TYPE OF POLICY

AMOUNT OF LIFE INSURANCE

EFFECTIVE DATE OF POLICY

MONTHLY PREMIUM

PREMIUM YEAR END	DEATH BENEFIT	PAID UP INSURANCE OR ENDOWMENT	EXTENDED INSURANCE	GUARANTEED CASH VALUE	TOTAL AMOUNT OF PREMIUMS PAID
1ST					
2D					
3D					
4TH					
5TH					
10TH					
15TH					
20TH					

REMARKS (Agent will fill in here any information he deems pertinent, and will include remarks concerning any exclusions or restrictive clauses which appear in the policy applied for.)

I HAVE CURRENT AUTHORIZATION TO SOLICIT INSURANCE BUSINESS ON THIS INSTALLATION AND THE ABOVE SOLICITATION WAS ACCOMPLISHED IN ACCORDANCE WITH ALL APPLICABLE REGULATIONS

NAME AND ADDRESS OF HOME OFFICE OF COMPANY

NAME AND LOCAL ADDRESS OF REPRESENTATIVE

SIGNATURE OF REPRESENTATIVE

SECTION II - (COMPLETED BY APPLICANT AND FORWARDED TO INSURANCE OFFICER)

I HAVE THE FOLLOWING INSURANCE IN FORCE <i>(List in sequence. If additional space is necessary, continue in "REMARKS" below.) (Include SGLI)</i>	TYPE OF POLICY		AMOUNT	AMOUNT OF PREMIUM	
				\$	PER
				\$	PER
				\$	PER

<i>(Check appropriate boxes)</i>		YES	NO	<i>(Check appropriate boxes)</i>		YES	NO
IS IT INTENDED THAT THE INSURANCE YOU ARE PURCHASING WILL REPLACE AN EXISTING POLICY?				DO YOUR PARENTS DEPEND ON YOU FOR SUPPORT?			
ARE YOU MARRIED?				IS ANY OF YOUR PAY ALLOTTED FOR THE SUPPORT OF YOUR DEPENDENTS?			
DO YOU HAVE ANY MINOR CHILDREN?							

STATEMENT OF APPLICANT

I fully understand that the Department of the Army does not favor, sponsor, or endorse any individual commercial life insurance company. I specifically understand that the filing of an allotment is merely a convenience afforded military personnel, and does not constitute an approval by the Department of the Army of either the policy purchased or the company concerned. I further understand that the purchase of a life insurance contract, which involves the use of the allotment system for payment of premiums on such contract, is definitely a personal transaction between myself and the insurance company.

I have been advised that there are certain benefits available to survivors of service personnel, such as: payment of six times my current monthly basic pay as gratuity *(subject to a minimum payment of \$800.00 or a maximum payment of \$3,000.00)*, payment of a monthly compensation by the Veterans Administration to a widow *(at the rate of \$215.00 per month for the widow of an E-1, \$221.00 for the widow of an E-2, and \$228.00 for the widow of an E-3)*. In addition, the rate payable for widow with one or more children *(under age 18)* is increased by \$26.00 monthly for each successive child, to a child or children and/or dependent parents educational assistance *(as much as \$270.00 per month)* to a widow and to children, and Social Security Benefits. I further understand the valuable provisions of the class B allotment system for the purchase of United States Savings Bonds.

I request that an allotment be initiated in favor of the insurance company. The information in this section is correct and is in conformance with my desires at this time.

(Date)

(Signature of Applicant)

SECTION III - (TO BE COMPLETED BY INSURANCE COUNSELOR)

FROM: Insurance Counselor DATE:

TO: Personnel Officer

- Applicant has been counseled in accordance with existing instructions.
- Applicant has had provisions of existing benefits for survivors of military personnel explained to him.
- The essential features of type of insurance applied for appear to be understood by applicant.
- An allotment initiated to effect regular monthly payment of premium for insurance contract can be processed.
- If the applicant has less than \$20,000 SGLI, the valuable provisions of that insurance program have been explained to him.
- If this intended purchase of insurance will replace an existing policy, the applicant has been advised that such an action may not be in his best interest, and he should obtain advice from the company which issued the existing policy.

(Signature of Insurance Counselor)

CALIFORNIA ONLY - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

REMARKS