



LIFE INSURANCE COMPANY OF ALABAMA  
Home Office:  
P. O. Box 349 • Gadsden, Alabama 35902

**ABC GROUP AUTHORIZATION FORM :**

Since it is not appropriate at this time to approve Payroll Deduction in our \_\_\_\_\_ Company, \_\_\_\_\_ School System or \_\_\_\_\_ Municipality, I hereby authorize the Life Insurance Company of Alabama to offer to each qualified officer and employee upon request of said officer or employee the following plan(s) at the Group Payroll Deduction Rate. Premium payments to be made by monthly bank draft, quarterly, semi-annual or annual.

**CHECK PLANS APPROVED**

\_\_\_\_\_ Accident Disability\*      \_\_\_\_\_ Cancer Plan      \_\_\_\_\_ Whole Life      \_\_\_\_\_ Term Life  
\_\_\_\_\_ Accident      \_\_\_\_\_ Critical Illness      \_\_\_\_\_ Others \_\_\_\_\_  
\_\_\_\_\_ Sickness & Accident Disability\*      \*special requirements for disability - contact home office

COMPANY NAME \_\_\_\_\_  
SCHOOL SYSTEM \_\_\_\_\_  
OR MUNICIPALITY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City

State Zip Phone Number

Name of Authorizing Person \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Title

The signing of this authorization does not constitute our endorsement of said plans. The sole purpose is to permit our officers and employees, if they so choose, to apply for coverage indicated above, utilizing discount rates normally offered only through payroll deduction.