



Agent Instruction for Submitting New Application

In addition to the insurance application, the following forms may be required at time of application. All applicable forms should be submitted at the same time as the application.

Required Outline of Coverage form and Receipt of Outline Coverage form must be presented at time of application to the applicant. The Receipt must be signed by the applicant and submitted with the application. The policy will not be issued unless this form is received. Applicable in these states: AR, CA, CT, DE, GA, ID, IL, IA, KS, ME, MT, NH, NJ, NY, OK, OR, PA, SC, TX, UT, VT, WA.

- Please note additional requirements for KS & NJ:

KS--the agent must also sign the Outline of Coverage (OOC) form. The signed OOC must be submitted with the application and Receipt of Outline Coverage.

NJ—there are 2 different OOC forms. If the applicant is under 65, present AOOC-2014-NJ (65) for review. For applicants 65 and over, AOOC-2014-NJ (66) and the ‘Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare’ must be presented. The guide can be found at: <https://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf>

Payment Authorization Form - For automatic payment from Checking/Savings Account or by Credit Card, complete ACH-AP form.

Receipt for Guaranteed Issue Policies - For Check or Money Order ONLY. If check or money order is collected with application, provide Receipt CRGI to customer and **submit a copy of the receipt** with the application and check. The receipt must be signed by the agent.*

*In KS if a check, money order or authorization of payment is collected with the application, please provide receipt CRGI-2015-KS to customer and submit a copy of the receipt with the application and payment. The receipt must be signed by the agent.

Split Commissions: Split commissions are allowed between 2 agents. Check off Agent Split on the application. Fill out the Agent Split Request Form located in this kit.

(CA Only) Disclosure to Seniors - If individual is age 65 or older and agent is meeting in their home, provide completed form to individual. A copy should be kept on file (Do Not send to Gerber Life).

(MA Only) Notice to Applicant Regarding Replacement of Accident and Sickness Insurance—When the Gerber Life policy will replace another accident insurance policy, have the applicant complete the state required form, provide a copy to the applicant, and submit the completed form with the application.

(NY Only) Please note that New York Insurance laws require all insurance companies to ask, on an accident insurance application, whether the applicant has health insurance that meets minimum federal requirements, and if not, prohibits insurers from accepting the application. Do not submit the application if the insured does not have health insurance that meets the minimum federal requirements.

*Please follow your Marketing Office procedures for application submission to Gerber Life.

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Gerber Life Insurance

445 State Street • Fremont, Michigan 49412
www.gerberlife.com

☐ Agent Split

Agency Application

Agent Name _____ **Agency Name** _____ **Agent #** _____

Agent Phone # _____ **Agent Email** _____

Accidental Death & Dismemberment Application

Choose ☒ the amount of protection wanted:

For me ☐ \$25,000 ☐ \$50,000 ☐ \$75,000 ☐ \$100,000 ☐ \$ _____

For my spouse . . ☐ \$25,000 ☐ \$50,000 ☐ \$75,000 ☐ \$100,000 ☐ \$ _____

Application for: Accident Policy

To: Gerber Life Insurance Company, White Plains, NY 10605

Name _____ **Age** _____ **Sex** _____
(Last) (First) (Middle Initial)

Address _____ **Apt#** _____
(Number, Street or P.O. Box)

City _____ **State** _____ **Zip** _____

Date of Birth _____ / _____ / _____ **Email** _____ **Phone** () _____
Month Day Year

For Spouse to be covered, give first name, middle initial and last name:

Last Name	First Name	Middle Initial	Age	Date of Birth Mo. Dy. Yr.	Sex

Beneficiary: _____

Relationship: _____

Do you plan on replacing any existing insurance?..... ☐ Yes ☐ No

If "yes", please provide the name of the other insurance company and policy number:

Company Name _____ **Policy No.** _____

Secondary Addressee Name (for notification of any past due premium or coverage lapses) _____

Secondary Addressee Address _____

I AGREE THAT: The information above is true and complete to the best of my knowledge and belief; no insurance shall take effect until a policy is issued and the first premium is received by Gerber Life during my lifetime. All statements and answers are representations and not warranties.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

X

Applicant's Signature

Date

AACC-10-FL (AP)

Licensed Agent

Agent's Name _____

Agent's License ID Number _____

Benefits, Exclusions and Limitations

- Full cash benefits are paid for loss of life as a direct result of injury. Full cash benefits are also paid for the loss of: both hands, both feet, sight in both eyes, one hand and one foot, one hand and sight in one eye or one foot and sight in one eye. Half cash benefits are paid for the loss of: one hand, one foot or sight in one eye.
- Benefit amounts are not payable if death or covered loss occurs more than 365 days after the accident; if loss of life, limbs or eyesight is due to: intentionally self-inflicted injury; suicide, or attempted suicide; act of war; military service; intoxication as defined by state law; being under the influence of drugs, unless prescribed by a physician; narcotics; injuries received while committing a crime, or engaging in an illegal occupation; air travel other than as a fare-paying passenger on a commercial airline; sickness.

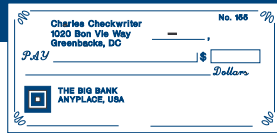
Benefit amounts are subject to Gerber Life insurance limits. Multiple policies may be purchased with a combined limit of \$100,000 per person.

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Policy Form ACC-911-FL

Gerber Life will not charge your account any money until 3 days after your application is approved.

How to pay your premiums automatically through your CHECKING ACCOUNT:



1. Complete and sign the Authorization Form below.
2. Please provide the required financial information. Contact your financial institution for the correct account and routing numbers.
3. Your first premium will be withdrawn 3 days after your application is approved by Underwriting unless a Preferred Payment Date has been requested.
4. Premiums will continue to be automatically withdrawn each month unless you indicate a different time period by selecting 3 months, 6 months or 12 months in the space provided on this Form.

How to pay your premiums automatically through MASTERCARD or VISA:



1. Complete and sign the Credit Card Authorization Form below.
2. Your first premium will be charged 3 days after your application is approved by Underwriting unless a Preferred Payment Date has been requested.
3. Premiums will continue to be charged monthly to the credit card you select, unless you indicate a different time period by selecting 3 months, 6 months or 12 months in the space provided on the Form.

Questions? Call our toll-free number: **1-800-428-4947** Monday-Friday, 8:30am to 6pm (EST)

Use this Authorization Form for payment by automatic withdrawal from CHECKING ACCOUNT

☐ **Yes**, I hereby authorize the bank or financial institution named below to pay my insurance premiums as indicated below, by automatic withdrawal from my checking account. **I understand that my 1st premium will not be withdrawn until 3 days after my application is approved by Underwriting unless a Preferred Payment Date has been requested.** I also understand that I may cancel this authorization at any time by notifying Gerber Life Insurance Company.

Name _____
Last Name First Name Middle Initial

Address _____ Phone _____

City _____ State _____ Zip _____

Insured's name: _____ Date of Birth: _____

Name of Financial Institution _____

Type of Account: ☐ Checking ☐ Savings Bank Transit # _____ Account # _____

X _____
(Accountholder's Signature) Date _____

Preferred Payment Date _____
If application not approved by date selected, premium will be withdrawn on the date selected the following month. If the insured's age changes prior to selected date, the premium will be based on the new age.

Please automatically withdraw my premiums every (check ☒ one): ☐ month ☐ 3 months ☐ 6 months ☐ 12 months

Use this Credit Card Authorization Form for payment by MASTERCARD or VISA

☐ **Yes**, please charge my premiums to my credit card account. **I understand that my 1st premium will not be withdrawn until 3 days after my application is approved by Underwriting unless a Preferred Payment Date has been requested.** I also understand that I may cancel this authorization at any time by notifying Gerber Life Insurance Company.

Please check ☒ one: ☐ Mastercard – Must contain 16 numbers ☐ VISA – Must contain 13 or 16 numbers

Card Number: _____ Exp. Date _____

Name _____
Last Name First Name Middle Initial

Address _____ Phone _____

City _____ State _____ Zip Code _____

Insured's Name: _____ Date of Birth: _____

X _____
(Cardholder's Signature) Date _____

Preferred Payment Date _____
If application not approved by date selected, premium will be withdrawn on the date selected the following month. If the insured's age changes prior to selected date, the premium will be based on the new age.

Please charge my premiums every (check ☒ one): ☐ month ☐ 3 months ☐ 6 months ☐ 12 months



Gerber Life Insurance Company

445 State Street, Fremont, Michigan 49412
www.gerberlife.com

Primary Agent Name: _____ **Agent #:** _____

Agency Name: _____ **Applicant's Name:** _____

SECONDARY AGENT - AGENT SPLIT REQUEST

Please review the following outline of requirements:

- ✓ This form must be sent in at time of application in order for a split commission to be applied.
- ✓ Split Commissions are allowed between two agents only.
- ✓ The name, agent ID, and split percentage for the secondary agent must be included in the request.
 - If the percentage of the split is missing, it will default to 50% for each agent for the life of the policy.

Please provide secondary agent information for split commissions:

First Name: _____

Last Name: _____

Gerber Life Agent ID: _____

(If agent ID is not known, write in 9999-9999)

Percent of Split: _____ %

GERBER LIFE INSURANCE COMPANY • Home Office: 1311 Mamaroneck Avenue, Suite 350, White Plains, NY 10605

RECEIPT FOR GUARANTEED ISSUE POLICIES

THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT WHEN THE FIRST PREMIUM IS PAID BY CHECK OR MONEY ORDER. PAYMENT IN CASH IS NOT ACCEPTABLE.

All checks and money orders must be made payable to: GERBER LIFE INSURANCE COMPANY.

Any insurance issued will be effective from the date of the completed application provided that:

2. The insurance applied for does not exceed Gerber Life Insurance Company's over-insurance limit.

1. The first premium is paid on the date of the completed application by check or money order that is honored and collectable; and

Received from _____ the sum of \$ _____ paid by check or money order at the time of signing the insurance application.

The proposed insured is: _____

Date: _____
Month /Date/ Year

Signature: _____
Licensed Agent

Agent#: _____

CRGI-2011

Agent Instructions:

PLEASE NOTE THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT AND **A COPY MUST BE SENT TO GERBER LIFE INSURANCE** WHEN THE FIRST PREMIUM IS PAID BY CHECK OR MONEY ORDER. THIS MUST BE DONE AT THE TIME OF APPLICATION. ADDITIONALLY, **THE CONDITIONAL RECEIPT, APPLICATION AND THE CHECK MUST ALL HAVE THE SAME DATE.**