



Progeny Life  
16701 Melford Boulevard  
Bowie, Maryland 20715  
(240) 806-1485  
info@progenylife.com  
www.progenylife.com

## **Welcome to Progeny Life – Ensuring a Secure Future for Your Child**

Dear Prospective Member,

Congratulations on taking the first step towards securing your child's future and safeguarding your child support payments. Progeny Life is dedicated to protecting your court-ordered child support payments and providing legal assistance through our extensive network of nationwide attorneys, preventing any risk of contempt of court.

Discover the tailored benefit packages we offer, designed to meet your needs and budget. As a Progeny Life member, you enjoy comprehensive coverage, monitoring, and protection for your child support payments. In times of financial challenges, our members are guaranteed up to two payments per year, accompanied by legal support to avoid court-ordered consequences.

Here's why joining Progeny Life is advantageous for you:

- Rollover of a portion of coverage into the following year, applied to the balance.
- Coverage of child support payments during lapses.
- Assistance in lowering arrears through an enhanced return on payout via our investment program.
- Future financial security for your child through a 529 savings plan.

Members also benefit from full access to our nationwide network of attorneys specializing in child support issues. Enjoy the convenience of having motions and modifications created at low or no cost, and retain an attorney at an affordable discounted rate if court representation is required.

One more compelling reason to become a member is our commitment to education. A portion of rollover payments is invested in a 529 Educational Savings Plan, making saving for your child's education hassle-free. After the first year of coverage, a segment of the rollover is placed in the 529 savings plan, ensuring your child receives the total benefit upon emancipation.

Progeny Life is dedicated to making our members feel safe, assured, and protected, ensuring that their most valuable asset—their children—receives the necessary support.

Contact us today at (240) 806-1485 or visit us online at [www.progenylife.com](http://www.progenylife.com) to embark on a journey towards a secure and promising future for your child.

Best regards,

Progeny Life Team

# GREAT AFFORDABLE BENEFIT PACKAGES

PREMIUM*	COVERAGE
\$15/month	\$200/year
\$25/month	\$500/year
\$50/month	\$800/year
\$100/month	\$1500/year
\$200/month	\$3000/year
\$300/month	\$4000/year
\$400/month	\$5000/year

\*There is a one (1) time enrollment fee of \$24.99.

Legal Service includes unlimited consultations, modifications, adjustments, and discounted in-court representation from our network of attorneys.

If policy holder has been paying their premium for 12 months without a payout, then a portion of the coverage amount will roll-over to the following year. Coverage will always roll-over as long as policy holder remains a member or child is emancipated.

## Example of the roll-over process:

If policy holder pays \$25 per month for the \$500 per year coverage and they don't use it, a portion of that \$500 would roll-over until the next year and another portion would go into the 529 savings plan, so by the end of year 2, policy holder could use nearly double for a payout. This roll-over continues until the payout of funds, or policy holder is no longer a member, or child is emancipated.



# BECOME A MEMBER TODAY

## MEMBERSHIP APPLICATION FORM

Please complete form:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address Street 1: \_\_\_\_\_

Address Street 2: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip \_\_\_\_\_

Main Phone: \_\_\_\_\_, Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_, Date of Birth: \_\_\_\_\_

Custodial Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child Support Enforcement Agency Street Address: \_\_\_\_\_

Child Support Enforcement Agency City/State/Zip: \_\_\_\_\_

Case Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Monthly Support Payment: \_\_\_\_\_

Pending Court Date (If Available): \_\_\_\_\_

Previous Court Date: \_\_\_\_\_

Previous Court Date Outcome:

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Person Phone Number: \_\_\_\_\_

Which Policy Are You Applying For? \_\_\_\_\_

Comments:

**FOR OFFICE USE ONLY**

Policy Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Start Date: \_\_\_\_\_

Comments: