



Group Limited HealthCare Program

How to Enroll

As an employee of <company name>, you're invited to apply for Group Limited HealthCare to help cover basic healthcare expenses and minimize out-of-pocket costs.

Follow these simple steps to easy enrollment:

- 1. Read** the enclosed materials, including a brochure that outlines the available product. You may have also received these materials at your workplace.
- 2. Decide** if you would like to enroll in this insurance program. If so, select your benefit level.
- 3. Complete** the information on the back of this flyer. This is information we'll request during your enrollment call — it's a good idea to review the list beforehand for a smoother enrollment.
- 4. Call** the enrollment center at <XXX-XXX-XXXX>.
- 5. Answer** the enrollment questions. You will also be asked to verbally agree to the enrollment form conditions over the phone.
- 6. Look** for a confirmation letter to arrive soon after your enrollment call. Your certificate and identification cards will follow in a few weeks.

Here's your chance to help safeguard the health of yourself and your family.

Your enrollment period is:

<Days>

<Times>

Important: This program provides access to limited benefit accident and sickness indemnity insurance. It offers discounts on certain medical care and health-related services. This program is **NOT** basic health insurance and is not a substitute for health insurance.

Program not available in CT, MA, MN, MT, NH, NJ or WA.

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Enrollment Information

Complete this information before calling for a quick, efficient enrollment.

Name _____

Social Security number _____ Date of birth _____ Gender _____

Home address _____

Home telephone number _____

Employer _____

Occupation _____

Start date at current company _____

Are you actively at work? _____

Is this job part time or full time? _____

How many hours per week do you work at this job? _____

In which plan would you like to enroll? _____

Whom would you like this plan to cover? (List name and birth date of each individual, including yourself.)

Beneficiary _____

Relationship to you _____

<Call Center Number>

<Date>

<Time

American General

Life Companies

Policies issued by:

American General Life Insurance Company of Delaware

Wilmington, Delaware

Policy Form Numbers G-LAD-40000, N20000, N20001, N20005, N20009 and N20010

American International Life Assurance Company of New York

New York, New York

Policy Form Numbers G-L-60000

www.americangeneral.com/employeebenefits

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American General Life Companies insurers offer a broad spectrum of life insurance, fixed annuities, accident and health products and worksite benefits to serve the financial and estate planning needs of customers throughout the United States.

The underwriting risks, financial and contractual obligations and support functions associated with products issued by American General Life Insurance Company of Delaware and American International Life Assurance Company of New York are the issuing insurer's responsibility. American International Life Assurance Company of New York is authorized to do an insurance business in New York. Policies are not available in all states.

This is a summary only of products and services offered. Actual offerings may vary by group size and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the policy. Please see policy and certificate for details.

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