

## The Masonic Brotherhood Trust Enrollment Instructions

- To enroll, simply complete and sign the attached Group Enrollment Form and return with the first monthly premium payable either by check made to the order of Monumental Life Insurance Company or by filling out the credit card portion of the application.
- You can find the premium rates on page three of this document. For rates on amounts other than \$5,000, \$10,000 or \$12,000 call 1-800-955-0418 x 222 or 238
- Mail the complete package to:

**WORLDWIDE INSURANCE SERVICES INC.**  
**237 Melvin Drive, 2<sup>nd</sup> Floor**  
**Northbrook, IL 60062**  
**Attn: Masonic Brotherhood Trust**

- **If you have any questions while filling out your application please call us at 1-800-955-0418 x 222 or 238.**

Group Sponsor: Masonic Brotherhood Trust  
Group Eligibility: Certified Masons (& spouses) - Eligibility Certificates issued

Master Policy: # MZ0910901H0000A, Trustee-held  
Source Code: 608500101

## Guaranteed Group Term Life Plan Enrollment Form

Underwritten by: Monumental Life Insurance Company, Baltimore, MD

### 1. For:

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

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Gender: Male

Relationship: \_\_\_\_\_

I want to cover my spouse: Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Beneficiary/Relationship: \_\_\_\_\_ Gender:  M  F

### 2. Check Plan Desired for Member:

\$12,000  \$10,000  \$5,000 (See Rate Chart on Back)

For Spouse: (Cannot be greater amount than Member)

\$12,000  \$10,000  \$5,000 (See Rate Chart on Back)

### Please answer the following question for each person enrolling:

Is this insurance intended, in whole or in part, to replace, discontinue, or change any existing life insurance or annuity now in effect with this or any other company?.....

You

Spouse

Yes  No

Yes  No

I/We hereby enroll and I/we confirm that I/we am/are a member. I understand that coverage becomes effective on the Effective Date stated in the Certificate of Insurance provided this Enrollment Form is approved by the Insurance Company and the first premium is paid. I acknowledge that I have read the fraud warning statement below.

### 3. Please Sign

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TL1200GAM

### Payment Options: Check one and complete all information.

Enclosed is my check or money order for my first monthly premium.

Make payable to: Monumental Life Insurance Company.

Bill my future payments:  Monthly  Semi-Annually  Annually

I prefer to charge it! I authorize monthly premium payments through my  VISA  MasterCard

Expires \_\_\_\_/\_\_\_\_

Signature of Cardholder (ONLY if different than the enrollee)

**MONTHLY GROUP TERM LIFE RATES**

Issue	\$5,000		\$10,000		\$12,000	
	Age	Male	Female*	Male	Female*	Male
45	\$15.60	\$12.85	\$31.20	\$25.70	\$37.39	\$30.89
46	\$16.10	\$13.30	\$32.20	\$26.60	\$38.62	\$31.94
47	\$16.60	\$13.75	\$33.20	\$27.50	\$39.84	\$33.00
48	\$17.10	\$14.20	\$34.20	\$28.40	\$41.06	\$34.06
49	\$17.60	\$14.65	\$35.20	\$29.30	\$42.29	\$35.11
50	\$18.15	\$15.05	\$36.30	\$30.10	\$43.51	\$36.17
51	\$18.65	\$15.50	\$37.30	\$31.00	\$44.74	\$37.22
52	\$19.15	\$15.95	\$38.30	\$31.90	\$45.96	\$38.28
53	\$20.15	\$16.75	\$40.30	\$33.50	\$48.38	\$40.18
54	\$21.15	\$17.55	\$42.30	\$35.10	\$50.81	\$42.07
55	\$22.20	\$18.30	\$44.40	\$36.60	\$53.23	\$43.97
56	\$23.20	\$19.10	\$46.40	\$38.20	\$55.66	\$45.86
57	\$24.20	\$19.90	\$48.40	\$39.80	\$58.08	\$47.76
58	\$25.25	\$20.45	\$50.50	\$40.90	\$60.58	\$49.10
59	\$26.30	\$21.00	\$52.60	\$42.00	\$63.07	\$50.45
60	\$27.30	\$21.60	\$54.60	\$43.20	\$65.57	\$51.79
61	\$28.35	\$22.15	\$56.70	\$44.30	\$68.06	\$53.14
62	\$29.40	\$22.70	\$58.80	\$45.40	\$70.56	\$54.48
63	\$30.70	\$23.65	\$61.40	\$47.30	\$73.63	\$56.74
64	\$31.95	\$24.60	\$63.90	\$49.20	\$76.70	\$58.99
65	\$33.25	\$25.50	\$66.50	\$51.00	\$79.78	\$61.25
66	\$34.50	\$26.45	\$69.00	\$52.90	\$82.85	\$63.50
67	\$35.80	\$27.40	\$71.60	\$54.80	\$85.92	\$65.76
68	\$38.65	\$29.75	\$77.30	\$59.50	\$92.78	\$71.40
69	\$41.50	\$32.10	\$83.00	\$64.20	\$99.65	\$77.04
70	\$44.40	\$34.45	\$88.80	\$68.90	\$106.51	\$82.68
71	\$47.25	\$36.80	\$94.50	\$73.60	\$113.38	\$88.32
72	\$50.10	\$39.15	\$100.20	\$78.30	\$120.24	\$93.96
73	\$52.95	\$41.50	\$105.90	\$83.00	\$127.10	\$99.60
74	\$55.80	\$43.85	\$111.60	\$87.70	\$133.97	\$105.24
75	\$58.70	\$46.20	\$117.40	\$92.40	\$140.83	\$110.88

\* IMPORTANT: Spouse benefit amount cannot be greater than member's

**QUESTIONS?**

Call Administrator: 800-749-6983 / 8:30 AM - 6:00 PM EST