



UNITED
INSURANCE
SOLUTIONS

United Pentecostal Church International United Insurance Solutions, Inc.

36 RESEARCH PARK COURT, WELDON SPRING, MO 63304

SUPPLEMENTAL TERM LIFE INSURANCE FORM

U.S. AND CANADIAN NEWLY CREDENTIALAED MINISTERS:

As a newly credentialed minister with the UPCI, you are insured with a basic insurance coverage policy of \$10,000. **Within 90 days from the date of your license certification, you are eligible to enroll in up to \$100,000 of supplemental coverage without filling out a medical history form.** Premiums are age bracket based with each unit of coverage being \$5,000. Please reference the premium rate sheet when choosing supplemental coverage amounts. *If electing supplemental insurance, please fill out the following:*

Name: _____ Ministerial ID#: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Phone: _____
Minister's Supplemental Elected Amount (in \$5,000 increments): \$ _____

SPOUSE'S SUPPLEMENTAL ELECTED AMOUNT:

Spouse open enrollment is open to all spouses. Spouses may elect up to a maximum of \$50,000 without filling out a medical history form. The elected dependent coverage may not exceed the coverage amount of the minister. New coverage begins with a basic \$2,000 unit for a flat rate regardless of age. Additional units of \$1,000 may be added. The spouse's rate is based on the minister's age (refer to rate sheet). *If electing supplemental insurance for spouse, please fill out the following:*

Spouse's Name: _____ Spouse's Date of Birth: _____
Spouse Elects: \$ _____

DEPENDENT'S SUPPLEMENTAL ELECTED AMOUNT:

Only applicable if spouse has elected coverage. Child's coverage is automatically provided once spouse coverage is elected. Coverage is automatically 50% of what has been elected on the spouse.

List any dependent children under age 26 below:

Child's Name: _____ Child's Date of Birth: _____
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Child's Name: _____ Child's Date of Birth: _____

Minister's Signature: _____ Date: _____

For office use:

Previous Amount Minister: _____ New Amount Minister: _____
Previous Amount Spouse: _____ New Amount Spouse: _____
Completed by: _____ Date completed: _____