

MEMBER NAME: _____
 Last name, First name

Is Member a Tobacco User? Yes/No
Is Spouse a Tobacco User? Yes/No
Is Spouse also a Guardmember? Yes/No

GEORGIA SSLI COVERAGE OPTIONS SHEET (AGE 17-49)
 (Circle Desired Option Below)

	MEMBER	SPOUSE	CHILDREN	MONTHLY COST	
Member	A	20,000	0	\$8.00	
	B	120,000	0	\$18.00	
	C	170,000	0	\$23.00	
	D	270,000	0	\$33.00	
Member & Children	E	20,000	0	10,000	\$14.70
	F	120,000	0	10,000	\$24.70
	G	170,000	0	10,000	\$29.70
	H	270,000	0	10,000	\$39.70
Member & Spouse	I	20,000	10,000	0	\$12.00
	J	20,000	110,000	0	\$22.00
	K	20,000	160,000	0	\$27.00
	L	120,000	10,000	0	\$22.00
	M	120,000	110,000	0	\$32.00
	N	120,000	160,000	0	\$37.00
	O	170,000	10,000	0	\$27.00
	P	170,000	110,000	0	\$37.00
	Q	170,000	160,000	0	\$42.00
	R	270,000	10,000	0	\$37.00
	S	270,000	110,000	0	\$47.00
	T	270,000	160,000	0	\$52.00
Member & Family	U	20,000	10,000	10,000	\$14.70
	V	20,000	110,000	10,000	\$24.70
	W	20,000	160,000	10,000	\$29.70
	X	120,000	10,000	10,000	\$24.70
	Y	120,000	110,000	10,000	\$34.70
	Z	120,000	160,000	10,000	\$39.70
	AA	170,000	10,000	10,000	\$29.70
	BB	170,000	110,000	10,000	\$39.70
	CC	170,000	160,000	10,000	\$44.70
	DD	270,000	10,000	10,000	\$39.70
	EE	270,000	110,000	10,000	\$49.70
	FF	270,000	160,000	10,000	\$54.70

**RATES FOR TOBACCO USERS ARE AN ADDITIONAL
 \$10.00 (120,000) \$15.00 (160,000 OR 170,000) \$25.00 (270,000)**

INITIAL CLAIM PAYMENT WITHIN 24 HOURS OF NOTIFICATION

COVERAGE AND COST REMAIN THE SAME TO AGE 50, EVEN WHEN YOU LEAVE THE GUARD
 BENEFITS AND PREMIUM CANNOT BE CHANGED WITHOUT YOUR APPROVAL AND SIGNATURE



1-800-462-7441

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