



**Dealer Benefits Program**

**REQUEST FOR CRITICAL ILLNESS INSURANCE**

*Critical Illness Insurance is supplemental coverage that pays benefits directly to the insured or your beneficiary. Available currently in states of AZ, CA, CO, FL, LA and TX.*

*Fax this completed form to Dealer Benefits: (734) 448-0478. A team member will then call you to answer any questions and complete your application. Questions: (888) 551-9801.*

**DEALER INFORMATION**

U-Haul Dealer Number #	Business Owner Name
Business/Dealership Name	
Primary Business Location (Street address, city, state, zip)	
Number of Locations by State:	
Total # of W-2 Employees:	# of Contract/1099 Employees:
Business Phone	
Business Email	
FEIN #	
Does Dealer agree to provide payroll deduction for employee premium payments?	
<input type="checkbox"/> Yes (If Yes, please send Employer Payroll Deduction Agreement to be completed.) <input type="checkbox"/> No (If No, employees will be individually billed quarterly for the coverage they chose.)	

**EMPLOYEE/FAMILY INFORMATION**

*Coverage is available for employees and family members and is portable. Each employee applying for Critical Illness Insurance needs to complete and return this form.*

Employee Name	Date of Birth
Is Family coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse Name	Date of Birth
Dependent Child/Grandchild 1	Date of Birth
Dependent Child/Grandchild 2	Date of Birth
Dependent Child/Grandchild 3	Date of Birth
Employee residence (Street address, city, state, zip)	Home Phone

**BENEFIT LEVEL REQUESTED**

*The Critical Illness benefit pays 30% of the insurance policy initial term life coverage, upon diagnosis of a heart attack, stroke, life-threatening cancer, cardiac bypass surgery, or terminal condition. Check desired employee/spouse premium/benefit below:*

<i>Weekly Premium per Person: (Guaranteed to remain level from starting age)</i>	<input type="checkbox"/> <b>\$4.00</b>	<input type="checkbox"/> <b>\$5.00</b>	<input type="checkbox"/> <b>\$6.00</b>	<input type="checkbox"/> <b>\$7.00</b>
<i>Provides this Level of Policy Coverage (CI Benefit = 30%):</i>				
Employee or Spouse Age 25	\$60,000	\$80,000	\$100,000	\$120,000
Age 35	\$30,000	\$40,000	\$50,000	\$60,000
Age 45	\$13,506	\$18,009	\$22,511	\$27,013
Age 55	N/A	\$9,043	\$11,304	\$13,565
<i>Weekly Premium for all Dependent Children/Grandchildren Coverage (CI Benefit = 30%)</i>	<input type="checkbox"/> <b>\$1.00</b>	<input type="checkbox"/> <b>\$2.00</b>		
	\$10,000	\$20,000		