

# Gleaner

## Just For Kids

### Life Insurance Plan

### Life Insurance Certificates

- ❖ Purchase a \$10,000 life insurance certificate for a one time premium payment of \$125.
- ❖ Do you have twins or triplets? A single, one time premium payment of \$125 will provide a \$10,000 certificate for each child.
- ❖ Build a financial foundation for the child in your life.

Membership ❖ Security ❖ Community Service

# Gleaner

Membership ❖ Security ❖ Community Service

### Gleaner Life Insurance Society

5200 West U.S. Hwy. 223

P.O. Box 1894

Adrian, MI 49221-7894

PHONE: 800.992.1894

FAX: 517.265.7745

[www.gleanerlife.org](http://www.gleanerlife.org)

#### FRAUD WARNING NOTICE

PLEASE READ THE NOTICE APPLYING TO THE STATE WHERE YOU RESIDE.

**AZ** - For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**IN** - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

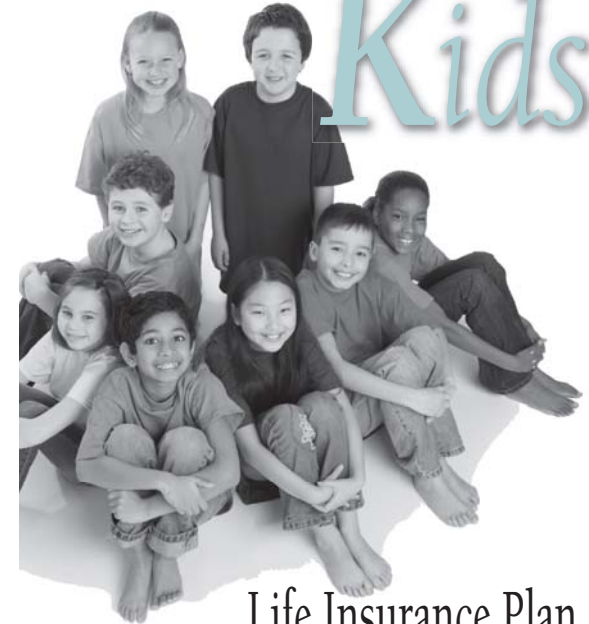
**OH** - Any person who, with intent to defraud or knowing that that he is facilitating a fraud against an insurer, submits an application or files claim containing a false or deceptive statement is guilty of insurance fraud.

**VA** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Gleaner Life Insurance Society is a nationally recognized tax exempt fraternal benefit society. We assist our members in achieving their financial goals through a broad range of life insurance and annuity products. As a fraternal organization, we provide volunteer opportunities and support outreach programs which make a difference in the lives of our members and the communities they serve.

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### Life Insurance Plan

A \$10,000 life certificate  
for a one time premium  
payment of \$125

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## INTRODUCTION

Throughout our history, Gleaner Life Insurance Society has taken pride in recognizing members having certificates 50 and 75 years. These loyal, long standing members received their certificates when they were children. We are maintaining this tradition by continuing to offer the "Just for Kids" life certificate.

## CERTIFICATE FEATURES

- ❖ Issued for children ages 1 month through age 17.
- ❖ Face amount worth \$10,000.
- ❖ One time premium payment of \$125 per application (\$125 premium payment also covers twins or triplets).
- ❖ Convertible up to \$50,000 face amount with no medical examination.
- ❖ May be converted to a Gleaner permanent life certificate. *Option one* allows the insured to convert to permanent life 30 days prior to the seventh certificate year anniversary. *Option two* allows the insured to convert their certificate 30 days prior to the insured's 18th, 21st or 25th birthday. *If not converted, all coverage terminates on the certificate year anniversary that follows the insured's 25th birthday.*

## CERTIFICATE REQUIREMENTS

- ❖ The applicant/owner of the certificate must be the child's parent, grandparent, or legal guardian. Other family members may wish to provide the premium.
- ❖ The child's parents, grandparents, or legal guardian must be named beneficiary of the certificate.

We invite you to take advantage of this opportunity by completing the attached application, and mailing it with your one time premium payment of \$125 payable to Gleaner Life Insurance Society. If you need additional applications or information, please call your Gleaner representative or our Home Office at 800-992-1894.

# Gleaner

## Application to Gleaner Life Insurance Society for Membership and Term Life Insurance

Please complete sections 1 through 7 in full.

1. Child to be insured: \_\_\_\_\_  Male  
First Name Initial Last Name  Female

Address: \_\_\_\_\_  
Street Apt. or P.O. Box # City State Zip Code

Social Security #    -   -     Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

2. Beneficiary: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
First Name Initial Last Name

3. I wish to apply for \$10,000 of coverage and have enclosed \$125.00 to pay the one time premium.

4a. Does the proposed insured Child have any existing or applied for life insurance or annuities?  Yes  No

4b. Will this life certificate replace or change any existing life insurance or annuity contract?  Yes  No

**For residents of AZ, IA, KS, KY, OH and VA:** If I answered "Yes" to either questions 4a or 4b above, I will have the Representative read to me and complete the required Replacement Notice. **For residents of all other states:** If I answered "Yes" only to question 4b above, I will have the Representative complete the required Replacement form.

5. Has the child to be insured ever received medical care for or had medical diagnosis of: a heart or circulatory disease, a birth defect, mental abnormality, Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome, Acquired Immune Deficiency Syndrome related complex; within the past three (3) years, test results indicating exposure to the Acquired Immune Deficiency Syndrome virus, or any medical advice, examination, or treatment other than regular pediatric examinations, immunization shots, or treatment for childhood diseases?

Yes  No **Note: If the answer to question 5 is "Yes," the child is not eligible for this insurance.**

6. Applicant/Owner: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
First Name Initial Last Name

Social Security #    -   -     Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Apt. or P.O. Box # City State Zip Code

Contingent Owner: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(If Applicant/Owner Dies) First Name Initial Last Name

I am the parent, grandparent, or guardian and I represent that my answers are true and complete to the best of my knowledge and belief. I also understand that this coverage will not be in force until this application is completed in full, my premium has been received, and insurance coverage is approved by Gleaner Life Insurance Society at its Home Office during the lifetime of the child.

**(PLEASE SEE REVERSE FOR FRAUD WARNING NOTICE.)**

7. Signed at (city & state): \_\_\_\_\_ Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Applicant

Will this life certificate replace or change any existing life insurance or annuity contract?  Yes  No

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Print Representative's Name and Number