



FRATERNAL ORDER OF POLICE STATE LODGE OF MICHIGAN



Dear Member,

As an active or associate member of FOP State Lodge of Michigan, you have a no-cost **\$3,000 Accidental Death & Dismemberment** benefit. This AD&D benefit and other items listed below are provided jointly through FOP State Lodge of Michigan and American Income Life Insurance Company (AIL), a 100% union company serving working families just like yours.

AIL currently has over 130,000 FOP members covered under AD&D policies at no cost. Since 1990, more than \$3 million in life, health, and no-cost AD&D benefits has been paid to over 1,400 FOP members and their families.

Please return the enclosed card so you may receive your certificate of coverage and name your beneficiary. If you do not name your beneficiary, the \$3,000 would be paid to your estate and may be taxable.

Those who return the card can also receive a no-cost membership in the recently introduced **AIL Plus program**, your connection to convenient discounts on dental care, prescriptions, diabetic supplies, vision care and supplies, telemedicine, chiropractic care and more.

You can also receive Child Safe Kits for your children and grandchildren at no cost. These kits help you gather vital data, photos and fingerprints for authorities in the event of an emergency.

In Solidarity,

Michael Sauger
State President

An AIL representative, who is a member of OPEIU Local 277, will call on you to deliver your certificate of coverage, witness your beneficiary designation, register you for the AIL Plus program and provide your Child Safe Kits. AIL has other supplemental insurance programs, presented in the spirit of **"Be Union – Buy Union,"** available strictly on a voluntary basis. If you have questions, please call American Income Life Insurance Company at 1-800-495-1213.

To respond online and see a message from your Union, scan the QR Code or visit mybenefits.aillife.com and enter access code: SGMUV



You may also return the enclosed card via mail.



FOP State Lodge of Michigan

\$3,000 Member AD&D Benefit
Beneficiary Card



**Michigan FOP Member
Active or Associate**

YOUR DATE OF BIRTH

YOUR HOME PHONE

CELL PHONE

YOUR HOME ADDRESS (IF DIFFERENT THAN SHOWN)

CITY

STATE

ZIP CODE

BENEFICIARY

RELATIONSHIP

Yes, I want Child Safe Kits for my family. # of Kits requested: _____

**PLEASE RETURN THIS CARD
IN THE POSTAGE-PAID ENVELOPE PROVIDED**



GA-13