

DETECTIVES' ENDOWMENT ASSOCIATION MEMBERS

Name (Last, First, Middle Initial)

Tax ID Number

Precinct/Location

Contact Phone #

****PREMIUM AMOUNTS PER PAY PERIOD:
CHECK CHOICES SELECTED**

ACCIDENT LEVEL 2

___MEMBER	\$10.68
___MEMBER & SPOUSE	\$14.10
___ONE-PARENT FAMILY	\$15.90
___TWO-PARENT FAMILY	\$20.22

BASIC DENTAL PLAN

___MEMBER	\$10.80
___MEMBER & SPOUSE	\$18.88
___ONE PARENT FAMILY	\$19.02
___TWO PARENT FAMILY	\$27.18

MAXIMUM DIFFERENCE CANCER \ SPECIFIED HEALTH EVENT RIDER

	MEMBER/SHE	ONE-PARENT FAMILY/SHE	TWO-PARENT FAMILY/SHE
18-35	___\$14.82___\$4.38	___\$14.82___\$4.68	___\$28.50___\$7.44
36-45	___\$21.30___\$7.20	___\$21.30___\$7.26	___\$39.36___\$12.36
46-55	___\$28.68___\$9.90	___\$28.68___\$9.96	___\$54.12___\$18.12
56-70	___\$35.52___\$12.36	___\$35.52___\$12.72	___\$68.76___\$25.02

**HOSPITAL PROTECTION
LEVEL 2**

	MEMBER	ONE-PARENT FAMILY	MEMBER & SPOUSE	TWO-PARENT FAMILY
18-39	___\$15.30	___\$21.54	___\$28.26	___\$32.70
40-49	___\$18.90	___\$24.18	___\$32.34	___\$35.40
50-59	___\$24.30	___\$28.68	___\$42.24	___\$45.72
60-70	___\$29.70	___\$36.78	___\$50.34	___\$55.62

**FAX this to 212 658-9662 Attn: Stephen De Maria/Joseph Pernice
Office # 212-679-1622 Cell: # 917-848-8334 / # 917-886-7215**

Rates are guaranteed not to increase. These benefits are portable when you leave and never decrease. You *can* take it with you.

*****This is an inquiry, NOT an application.**

Upon submission, you will be contacted by an AFLAC agent_____.