National Guard Association of Texas

$10,000 Life Insurance
Offered to Prior Service & New Enlistees

ADMINISTERED BY:

National Guard Association of Texas
3706 Crawford Avenue
Austin, TX 78731
www.ngat.org | (512) 454-7300 | (800) 252-NGAT

UNDERWRITTEN BY:

5Star Life Insurance Company
909 N. Washington Street
Alexandria, VA 22314
www.afba.com | (800) 462-7441

WELCOME TO THE TEXAS NATIONAL GUARD

The National Guard Association of Texas (NGAT) is proud to offer you a death benefit of $10,000 paid for by NGAT for the first 12 months of your enrollment. After 12 months, you choose whether to pay for the coverage or let it lapse. This is offered to all prior service and new enlistees who enroll within 90 days of enlistment. The advantages of this program are:

1. We pay your beneficiary within 24 business hours of notification.
2. After 12 months, you may enroll in coverage for your spouse and dependents.
3. If you separate from the guard, you may continue the coverage.

HOW TO APPLY

- Fill out the enrollment form.
- Be sure and include your current date of enlistment and sign and date the bottom of the enrollment form.
- Fill out the blocks 1, 2, 3, 4, 21, 22 (this is the top and bottom line only) on the included authorization for an allotment, DD2558.

Your coverage will begin the day you sign up. After you have been enrolled in the benefit for 12 months, your allotment for $3.66 will begin. You authorize NGAT to start your military payroll deduction or you may elect to receive a paper bill.

Please return the enrollment form and the allotment form to the National Guard Association of Texas today.

DD FORM 2558
must accompany
the application

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National Guard Association of Texas (NGAT)

State Sponsored Life Insurance (SSLI) Survivor Benefit Enrollment Form

Office Use Only:
Cert Number _____
Coverage Effective Date _____
Enroller ID _____

Association Information

Association Name National Guard Association of Texas (NGAT)

National Guard Member Information

Name (last, first, middle) _____ Rank _____ SSN _____

DOB _____ (MM/DD/YYYY) Male Female DoD ID _____

Mailing Address _____
Street City State Zip

Cell Phone Number _____ Home Phone Number _____

Civilian Email Address _____

National Guard Unit _____ Date of Enlistment _____ (MM/DD/YYYY)

As applicant, I designate beneficiary(ies) to receive benefits as indicated below.

Name (Last Name, First Name)	SSN	Relationship	DOB (MM/DD/YYYY)	%*	Designation (Primary or Contingent)

*Percentage column should total 100% across Primary Beneficiary and 100% for Contingent Beneficiary if designated.

Member Benefit

This application is requested for: ☒ New Enrollment

National Guard Member Coverage (monthly contributions)	☒ $10,000	($3.66)

Other Information

The National Guard Association of Texas (NGAT) is proud to offer you a death benefit of $10,000. This is offered to all prior service and new enlistees who enroll by completing this form within 90 days of your enlistment. Some benefit highlights are:

1. We pay your beneficiary within 24 business hours of notification.
2. After 12 months, you may enroll in coverage for your spouse and dependents.
3. If you separate from the guard, you may continue the coverage.

After 12 months, you authorize NGAT to start your military payroll deduction or you may elect to receive a paper bill.

Sign Here

Member's Signature _____ Date _____

Signed at (City, State) _____

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 701, E.O. 9397.

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE *(X One)*

	AIR FORCE		MARINE CORPS
	ARMY		NAVY

2. NAME OF ALLOTTER *(Last, First, Middle Initial) (Print or Type)*

3. SSN

4. PAY GRADE

5. ADDRESS OF ALLOTTER *(Street or Box Number, City, State, Zip Code)*

6. DAYTIME TELEPHONE NUMBER *(Include Area Code)*

7. EFFECTIVE DATE *(YYYYMM)*

8. MONTHLY AMOUNT OF ALLOTMENT

$ 3.66

9. NAME OF ALLOTTEE *(First, Middle Initial, Last)*

NGAT

10. ALLOTMENT ACTION *(X One)*

X	START		STOP		CHANGE

11. TERMS IN MONTHS

12. CREDIT LINE *(If Applicable)*

13. ALLOTMENT OF CLASS AUTHORIZED *(X One)*

	C - CHARITY/CFC
X	D - DISCRETIONARY ALLOTMENTS *(Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2))*
	F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION
	L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION *(Red Cross, Relief Society, etc. - Navy and Marine Corps only)*
	N - NSLI OR USGLI INSURANCE PREMIUM
	T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES
	- OTHER *(Specify)*

14. ALLOTTEE'S MAILING ADDRESS *(Street or Box Number, City, State, Zip Code)*

3706 CRAWFORD AVE
AUSTIN, TX 78731

15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS *(Province, Country)*

16. REMARKS

17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER

18. ACCOUNT NUMBER/POLICY NUMBER

	CHECKING
	SAVINGS

19. TOTAL CLASS L AMOUNT
$

20. TOTAL CLASS T AMOUNT
$

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- **Ensuring** that the information is correct;
- **Reviewing** my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- **Collecting** overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- **Contacting** the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

Under penalty of the Uniform Code of Military Justice, I certify that this allotment is NOT for the purchase, lease, or rental of personal property or payment toward personal property.

21. SIGNATURE OF ALLOTTER

22. DATE *(YYYYMMDD)*

NOTE 1. Must be different address than allotter. Each Dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.
NOTE 2. This is a voluntary allotment and can be to any payee you desire.