

AMERICAN INCOME LIFE INSURANCE COMPANY
P.O. BOX 2608 • WACO, TEXAS 76797 • www.aillife.com
STRIKE WAIVER OF PREMIUM CLAIM FORM

Strike Waiver provides for waiver of premium while the insured is on authorized strike and thereby prevented from engaging in his usual occupation. One month of premium is waived for each month of the strike. If the strike lasts less than a month, one month of premium will be waived. The maximum waiver is 12 months.
Waiver will only apply to policies which were in force for 90 days prior to the strike. If the premium is being waived on a policy on which the striking union member is the insured, waiver will also apply to otherwise qualifying policies on which the union member's spouse is the insured.
Complete the form below and send it to the Company at the above address. The form must be signed by an authorized union official.

Insured (Striking Union Member) _____	Policy Number(s) _____
Insured Spouse _____	Policy Number(s) _____
Address _____	Phone _____
Occupation _____	Employer _____
Union & Local No. _____	Phone _____
On what date did you quit work due to a strike? Month _____	Day _____ Year _____
Are you currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, on what date did you return to work? Month _____	Day _____ Year _____
Dated _____	
	Signature of Insured (Striking Union Member)

CERTIFICATION BY UNION OFFICIAL

This is to certify that the above Union member was prevented from working from _____
to _____ because of a duly authorized, official strike.

Dated _____
Signature of Union Local Officer Title _____

AG-79 (R306)



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From _____

Address _____

**First
Class
Postage
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