

**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  No   
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 (R09/01)



**From** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_

**First  
Class  
Postage  
Required**

**American Income Life Insurance Company**  
**P.O. Box 2608**  
**Waco, Texas 76797**