



**OPTIONAL AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PREMIUM PAYMENTS**

I authorize Allied National to charge my account as indicated below for my monthly insurance premium and fees. I understand my account will be charged once each month for the total amount shown as due on my monthly premium statement for the limited term of the policy of insurance issued to me. I understand that if a charge to my account is not honored, my insurance coverage could lapse prior to its termination date. I understand that if I wish to cancel my coverage prior to its termination date, I must inform Allied National of such cancellation prior to the end of the grace period corresponding to the date of cancellation. Please charge my monthly premium and fees against the following account.

NAME (as shown on account – please print) \_\_\_\_\_

CREDIT CARD:  MasterCard  Visa – Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CHECKING/NOW ACCOUNT: Please attach a voided check from the account you wish billed for your coverage.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NEVADA AREA FACTORS**

(based on first 3 digits of zip code of the residence address)

889, 890, 891, 893, 894, 895, 897, 898 ..... 1.90

***This Plan is available in other states. Please contact Allied for state availability.***

**RATES/AREAS EFFECTIVE 10/1/09**

Rates \$750 Deductible			Rates \$1,250 Deductible			Rates \$2,500 Deductible		
Age	Male	Fem.	Age	Male	Fem.	Age	Male	Fem.
thru age 29	\$44	\$53	thru age 29	\$37	\$44	thru age 29	\$28	\$33
30-34	\$51	\$66	30-34	\$43	\$55	30-34	\$32	\$41
35-39	\$63	\$80	35-39	\$53	\$67	35-39	\$39	\$50
40-44	\$76	\$94	40-44	\$64	\$79	40-44	\$48	\$59
45-49	\$94	\$107	45-49	\$79	\$89	45-49	\$59	\$67
50-54	\$121	\$130	50-54	\$101	\$109	50-54	\$76	\$81
55-59	\$170	\$157	55-59	\$142	\$131	55-59	\$106	\$98
60-64	\$230	\$211	60-64	\$192	\$176	60-64	\$144	\$132
Per Child....\$38			Per Child....\$32			Per Child....\$24		

RATE LOAD FACTORS		
EFFECTIVE DATE	PREPAY	MONTHLY
10/1/08 – 12/31/08	1.09	1.36
1/1/09 – 3/31/09	1.11	1.39
4/1/09 – 6/30/09	1.14	1.43
7/1/09 – 9/30/09	1.16	1.45
10/1/09 – 12/31/09	1.19	1.49

- A. Applicant \$ \_\_\_\_\_
- B. Spouse +\$ \_\_\_\_\_
- C. Child(ren) +\$ \_\_\_\_\_
- D. Subtotal =\$ \_\_\_\_\_
- Area Factor X \_\_\_\_\_
- Load Factor X \_\_\_\_\_

**E. Premium Subtotal**  
(round to nearest \$) =\$ \_\_\_\_\_

F. Monthly Fee +\$ 12.00

G. Total Monthly Cost =\$ \_\_\_\_\_

**PREPAY PLAN ONLY**

H. Number of Months X \_\_\_\_\_

I. Prepay Total Cost =\$ \_\_\_\_\_

**RATE CALCULATION:**

1) Determine rates based on deductible chosen and sex and age of each person. For child(ren) rate multiply number of children by the per child rate.

2) Multiply the subtotal (D) of these rates by the Area Factor and the Rate Load Factor to get Premium Subtotal (E) and round to nearest dollar. The Rate Load Factor is determined by the requested effective date and whether choosing Prepay or Monthly billing.

3) Add Monthly Fee to get Total Monthly Cost (G).

4) For Prepay ONLY – multiply G times number of months requested for Prepay total Cost (I).

**NOTE- Business checks cannot be accepted. Payment must be made by credit card or personal check payable to Allied National.**

**Online enrollment and rating is available at tempmedsales.alliednational.com.**

<b>AGENT INFORMATION</b>	SOLICITING AGENT'S SIGNATURE _____ DATE _____
	Soliciting Agent's Name _____ Agency _____ Allied Agent# _____
	Address _____ City _____ State _____ Zip _____
	Tel ( ) _____ Pay Commissions to: _____ SS# or Tax ID# _____
	Fax ( ) _____ EMAIL _____
	<b>1) Is the soliciting agent a licensed agent in the applicant's state of residence?</b> <input type="checkbox"/> Yes – If Yes, please send copy of state license. <input type="checkbox"/> No – If No, the agent is not authorized to solicit this coverage and the policy cannot be issued.
	<b>2) Is the soliciting agent currently appointed with American Alternative Insurance Corporation:</b> <input type="checkbox"/> Direct with American Alternative Insurance Corporation? Or <input type="checkbox"/> Through ALLIED or another Administrator? WHO? _____
	<b>Appointment fees:</b> Allied National will pay fee for agent appointment.
	<b>DISTRIBUTOR/GENERAL AGENT NAME:</b> Insurance Services of America # 24546