

ROYAL STATE INSURANCE OFFICES

Oahu Office

819 S. Beretania Street
Honolulu, HI 96813
Phone: (808) 539-1600
1-800-890-9022 (Toll-free from the Neighbor Islands)

Hawaii Office (Hilo)

120 Pauahi Street, Suite 201
Hilo, HI 96720
Phone: (808) 935-2766

Kauai Office

4370 Kukui Grove Street, Suite 105
Lihue, HI 96766
Phone: (808) 245-4571

Maui Office

2145 Kaohu Street, Suite 205
Wailuku, HI 96793
Phone: (808) 244-7245
1-800-774-7668 (Toll-free from Molokai and Lanai)



ROYAL STATE INSURANCE

Live happy. Insure smart.™

www.royalstate.com

Royal Group Term Life Insurance

Affordable...Reliable...Convertible



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Royal Group Term Life Insurance

If your family is going without life insurance...or you simply don't have enough:

Here's an easy, affordable way to get the level term life insurance that can be so important to your family's security. Thanks to your HGEA membership, you are now eligible for **up to \$100,000 convertible term life coverage at affordable group rates.** Premiums are as low as \$9.34 per month for members age 34 or younger.



Enroll now – it's quick and easy – just 6 “yes/no” questions

- Everything you need is enclosed
- Premiums are paid through convenient payroll deduction or automatic bank account deduction
- HGEA members between the ages of 18-49 are eligible to apply

How Royal Group Term Life Insurance for HGEA Members Works

- Complete the enrollment application form, making sure to indicate your choice of payment through payroll or automatic bank account deduction.
- Should you die before you reach the age of 60, your beneficiary will be paid the full amount of coverage that you have purchased.
- Your premium increases as you reach each age group. (See rate chart or call for more information.)
- Your benefit will remain the same as you grow older – until you reach the age of 60.
- At age 60, you may remain in the plan at a set premium with reduced benefits, OR you may convert your Group Term Life to an Individual Life policy. Please call Royal State Insurance for your options. Plan ends at age 80.

Complete and return your enrollment application today.

No payment is needed. Once you are accepted, you will receive a Group Term Life Insurance Certificate, and your monthly premium will be automatically payroll deducted or deducted from your bank account.

Use this space to give details to any “YES” answers to questions:

Question #	Condition	Date Began	Date Ended	Treatment or Care of Problem, Injury or Illness	Physician Consulted Name & Address

Now you can get the peace of mind you want – at rates you can afford.

In the event that something should happen to you, term life insurance can assist your family with financial obligations.

Royal Group Term Life Monthly Premiums

Affordable Monthly FEMALE Group Rates

Age	* Our most popular option * \$100,000 Benefit Monthly Premiums		\$75,000 Benefit Monthly Premiums		\$50,000 Benefit Monthly Premiums	
	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker
18-34	\$ 9.34	\$ 15.02	\$ 7.00	\$ 11.26	\$ 4.66	\$ 7.50
35-39	\$11.96	\$ 21.92	\$ 8.98	\$ 16.44	\$ 5.98	\$10.96
40-44	\$21.04	\$ 42.80	\$15.78	\$ 32.10	\$10.52	\$21.40
45-49	\$30.66	\$ 63.76	\$22.98	\$ 47.82	\$15.32	\$31.88
*50-54	\$42.88	\$ 76.94	\$32.16	\$ 57.72	\$21.44	\$38.48
*55-59	\$57.82	\$ 96.52	\$43.36	\$ 72.38	\$28.90	\$48.26
*60+	\$87.96	\$165.08	\$65.96	\$123.82	\$43.98	\$82.54
Insurance Amount		Insurance Amount		Insurance Amount		
*60-64	\$75,000	\$75,000	\$56,250	\$56,250	\$37,500	\$37,500
*65-69	\$50,000	\$50,000	\$37,500	\$37,500	\$25,000	\$25,000
*70-74	\$25,000	\$25,000	\$18,750	\$18,750	\$12,500	\$12,500
*75-79	\$12,500	\$12,500	\$ 9,375	\$ 9,375	\$ 6,250	\$ 6,250

Affordable Monthly MALE Group Rates

Age	* Our most popular option * \$100,000 Benefit Monthly Premiums		\$75,000 Benefit Monthly Premiums		\$50,000 Benefit Monthly Premiums	
	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker
18-34	\$ 13.98	\$ 25.32	\$ 10.48	\$ 19.00	\$ 7.00	\$ 12.66
35-39	\$ 15.28	\$ 32.14	\$ 11.46	\$ 24.10	\$ 7.64	\$ 16.06
40-44	\$ 23.66	\$ 56.34	\$ 17.74	\$ 42.26	\$11.84	\$ 28.16
45-49	\$ 39.66	\$ 96.08	\$ 29.74	\$ 72.06	\$19.82	\$ 48.04
*50-54	\$ 61.66	\$142.02	\$ 46.24	\$106.52	\$30.82	\$ 71.02
*55-59	\$ 79.14	\$156.88	\$ 59.34	\$117.66	\$39.56	\$ 78.44
*60+	\$160.46	\$271.22	\$120.34	\$203.40	\$80.22	\$135.60
Insurance Amount		Insurance Amount		Insurance Amount		
*60-64	\$75,000	\$75,000	\$56,250	\$56,250	\$37,500	\$37,500
*65-69	\$50,000	\$50,000	\$37,500	\$37,500	\$25,000	\$25,000
*70-74	\$25,000	\$25,000	\$18,750	\$18,750	\$12,500	\$12,500
*75-79	\$12,500	\$12,500	\$ 9,375	\$ 9,375	\$ 6,250	\$ 6,250

*New applications from members ages 50 through 79 are not accepted. However, if you were accepted into the plan before age 50, you may continue your enrollment in the plan.

How to enroll:

1. Simply complete and sign the enrollment application below – There are only 6 “yes/no” questions to answer.
2. Be sure to indicate your choice of convenient payment through payroll deduction or automatic bank account deduction.
3. Detach, fold, place in return envelope and mail your enrollment application – Send no money now.

**Royal Group Term Life Insurance Application**Please type or print in ink. All items must be completed by the **APPLICANT**.

Social Security No.*	Height	Weight	Sex	Telephone No.
Last Name	First Name	Middle Initial	Date of Birth	
Street Address		City	State	Zip
Beneficiary Name		Relationship		
CHOOSE AMOUNT OF INSURANCE (Select One Only): <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$50,000				
1. Have you ever received medical or surgical advice, examination or treatment for any of the following: high blood pressure; diabetes; sexually transmitted disease; loss of consciousness, or paralysis; any brain, nervous system or mental/neurological disorder; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related complex (ARC), or AIDS, or HIV-Related conditions; other immune system disorders; any disorder of heart, kidneys, lungs, blood, or liver; or abuse of drugs or alcohol?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Within the past 5 years, have you been confined in any hospital, sanatorium, or extended care facility for any illness or injury; seen a doctor for treatment, special test or consultation for any reason; or do you currently have any physical disorder or illness of any kind?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever had a life, health, or disability insurance application denied, modified, or issued at a rate higher than standard?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you used tobacco products within the past 12 months?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. In the past 3 years, have you: a) Had a driver's license suspended or revoked? b) Been charged with 3 or more driving violations, or had 2 or more accidents while driving a motor vehicle, or been charged with driving a motor vehicle under the influence of alcohol or drugs?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "a" or "b" is yes, give name, driver's license and state of issue:				
6. To the best of your knowledge, do you have any mental or physical impairments or diseases not already explained or disclosed in this application?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked "yes" for any of the above questions, provide details or reasons. USE SPACE PROVIDED ON THE BACK OF THIS APPLICATION				
<p>I hereby apply for Royal Group Term Life Insurance in the amount selected above. I represent that all responses and statements provided on this application are true and complete to the best of my knowledge and belief. I understand that this Application Form shall form part of the contract under which I am applying for insurance. I understand and agree that the insurance is not effective until Royal State National Insurance Co., Ltd. (RSN) approves this Application and a Certificate of Insurance has been issued and the first premium has been paid. I abide by the terms and conditions of the group contract issued to **MBAH.</p> <p>I hereby authorize any physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau, Inc., Consumer Reporting Agency, any other organization, institution or person that has information, records or knowledge of me or my physical or mental health, to give Royal State National Insurance Co., Ltd., its reinsurers or its representatives any such information. I agree that such information shall be used to determine if I qualify for this insurance. I agree that this authorization shall be valid for 30 months; from the application date, or until I revoke it in writing. I agree that a photocopy of this authorization shall be as valid as the original.</p>				
AUTHORIZATION: I have selected the amount of insurance checked above and I authorize deduction in the form of: (check appropriate box)				
<input type="checkbox"/> Monthly Payroll Deduction (ONLY AVAILABLE TO HAWAII STATE & COUNTY EMPLOYEES): I authorize my employer to make the necessary deduction from my wages or salary for the contributions required of me for the insurance.				
<input type="checkbox"/> Monthly Bank Deduction: I authorize The Royal Insurance Agency, Inc. (Company ID #99-0148242) to debit my bank account indicated below for the contributions required of me for the insurance.				
Bank: _____		Account Number: _____		
Signature of Applicant: _____		Date: _____		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

*Asking for your Social Security number protects you from fraud and from other people potentially taking out a life insurance policy in your name.

**Mutual Benefit Association of Hawaii, a non-profit Hawaii mutual benefit society.

In the interest of simplicity, the Plan is described only in general terms in this brochure. The extent of each customer's insurance is at all times governed by the terms of the Master Group Insurance Policy issued by Royal State National Insurance Company, Limited.