



American Public Life Insurance Company

A member of the American Fidelity Group.

REQUEST FOR CUSTOMIZED BROCHURE

Date Requested: _____

Product

CPA2200 CPM2200 GC-3

Quantity of brochure to print: _____

Plan Design

CPA2200/CPM2200	
Base Plan	Optional Benefit Riders
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4	Critical Illness Rider <input type="checkbox"/> Cancer Only <input type="checkbox"/> Heart/Stroke Only <input type="checkbox"/> Cancer & Heart/Stroke Combined Amount: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000
	Hospital Intensive Care Rider <input type="checkbox"/> \$600 per day

GC3 (Only two levels may be selected)		
Base Plan	Optional Benefit Riders	
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	Critical Illness Rider <input type="checkbox"/> Cancer Only <input type="checkbox"/> Heart/Stroke Only <input type="checkbox"/> Cancer & Heart/Stroke Combined Amount: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Diagnostic Testing Benefit Rider <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100
		Hospital Intensive Care Rider <input type="checkbox"/> \$200 per day <input type="checkbox"/> \$400 per day <input type="checkbox"/> \$600 per day <input type="checkbox"/> \$800 per day

Name of Group: _____
Location of Group (State only): _____
Name of presenting agent/agency: _____
Address of agent/agency (Street): _____
Address of agent/agency (City, State & Zip): _____
Phone # of agent/agency: _____
Fax # of agent/agency (if desired): _____
Web address and/or e-mail address (if desired): _____

*Include logo for: **Agency** Yes No **Group** Yes No

Notes:

**If you would like your agency logo and/or the group's logo included on the brochure, please attach the logo(s) along with this completed form to an e-mail addressed to adrienne.clark@ampublic.com. Contact the Sales Department at 800-256-6736 if you have any questions.*

When requesting customized brochures, please be aware that the average processing time is two weeks.