



**NEW ERA LIFE INSURANCE COMPANIES
2008-2009 ERRORS AND OMISSIONS PLAN
ENROLLMENT FORM FOR AGENTS AND GENERAL AGENTS**

PRESENTED BY:



1-800-593-7657

To Enroll: Complete the Agent Information, Plan Options and Payment Method.
Sign the form and fax or mail to NAPA.

AGENT INFORMATION

New Era Life Agent#: _____
 Check here if Writing Number is Pending

Soc Sec#: _____

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Email: _____

PLAN PREMIUMS*

Effective Date:	\$1 Million per Claim \$1 Million Annual		\$1 Million per Claim \$2 Million Annual	
	Annual*	PAC Down ¹	Annual*	PAC Down ¹
12/1/08	\$475.00	\$65.00	\$605.00	\$75.84
1/1/09	\$437.50	\$65.00	\$556.67	\$75.84
2/1/09	\$400.00	\$65.00	\$508.33	\$75.84
3/1/09	\$362.50	\$65.00	\$460.00	\$75.84
4/1/09	\$325.00	\$65.00	\$411.67	\$75.84
5/1/09	\$287.50	\$65.00	\$363.33	\$75.84
6/1/09	\$250.00	\$65.00	\$315.00	\$75.84
7/1/09	\$212.50	\$65.00	\$266.67	\$75.84
8/1/09	\$175.00	\$65.00	\$218.33	\$75.84
9/1/09	\$137.50	n/a	\$170.00	n/a
10/1/09	\$100.00	n/a	\$121.67	n/a
11/1/09	\$62.50	n/a	\$73.33	n/a
	Monthly PAC withdrawal \$40.00		Monthly PAC withdrawal \$50.84	

Plan pricing includes \$25 administrative fee.

*Plan price if paid in full via annual check, credit card or bank draft.
¹Down-payment includes 1 months premium, administrative fees and \$2.50 monthly processing fee. Down payments will be processed immediately. Future monthly payments are deducted in advance on the 1st of each month.

Policy Number: AEO30122

PLAN OPTIONS

Desired Effective Date: ___ ___ / 01 / 200___

Coverage Amount:
 \$1MM/\$1MM \$1MM/\$2MM

PAYMENT METHOD

I would like to pay by the following method:

(visa, master card, discover, amex)

Annual Credit Card
 Card Holder Name: _____
if different from applicant

Account #: _____

Expiration Date: _____

- Annual Check
(Please enclose a check made payable to: NAPA)
- Annual PAC
(Please enclose a voided check)
- Down Payment and Monthly Bank Draft
(Please enclose a voided check)

I understand and acknowledge that this is a claims made policy and that I am not eligible for coverage under the New Era Life program unless I am legally contracted to represent New Era Life as of my coverage date as well as at the time I submit a claim under the policy. I also warrant that I am not aware of any fact, circumstance or actual or alleged act, error or omission which might reasonably be expected to give rise to a future claim under this policy. All premiums are earned at policy enrollment, policy is non-cancelable and non-refundable. A \$20 service fee will be charged of any non-sufficient funds transaction. Payment authorization for subsequent renewals of this policy shall be automatic and shall remain in force until revoked by written notification to NAPA from me or my payment institution.

FAX to:
1-800-411-4771
MAIL to:
 NAPA E&O PLAN
 9024 Town Center Parkway
 Lakewood Ranch, FL 34202

ENROLL ONLINE AT:
www.napa-benefits.org/neweralife

Agent's Signature: _____ Date: _____