



Request for Group Insurance from
New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
The Company You Keep®



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**PEARL
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Group Disability Income Insurance Plan for CSEA Members Modified Guaranteed Issue Application

I. MEMBER INFORMATION:

LAST: _____ FIRST: _____ MIDDLE: _____ SEX: MALE FEMALE
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 SSN: _____ CELL PHONE#: () - - WORK PHONE#: () - -
 EMAIL: _____ DATE OF BIRTH (MM/DD/YYYY): ____/____/____

2. MEMBER AFFILIATION / OCCUPATION:

- A. Are you now a member of CSEA? YES NO
- B. Work address: _____ Date Employed _____
- C. Are you presently performing all the duties of your occupation according to your regular schedule? YES NO
- D. Are you solely engaged in office or clerical work? YES NO
- E. What is your annual salary? \$ _____
- F. Describe your occupation/duties: _____

3. INSURANCE REQUESTED:

Thereby apply for the coverage indicated below based on all my statements made in this application. You may choose any Monthly Benefit from \$300 to \$3,000 per month provided it does not exceed the monthly benefit amount based on your current annual salary.

- A. Monthly Benefit: \$ _____
- B. Waiting Period in Days: 0 Accident/7 Sickness 30 Accident/30 Sickness 60 Accident/60 Sickness
- C. Maximum Benefit Period: 6 Months 12 Months 12 Months with extended non-occupational injury benefit
 24 Months with extended non-occupational injury benefit
- D. Optional Accidental Death and Dismemberment Benefit: \$10,000 \$30,000 \$50,000 \$100,000
- E. Optional Spouse Accident Disability Only Coverage: \$500 Monthly Benefit \$1,000 Monthly Benefit
 Spouse Name _____ Spouse DOB _____

BENEFICIARY DESIGNATION: Unless otherwise requested, your spouse, if living will be the beneficiary of your AD&D death benefit, otherwise, the death benefit will be paid to your surviving relative(s) in the following order of survival: spouse, children equally, parents equally, brothers or sisters equally, or your estate.

4. STATEMENT OF HEALTH:

To the best of your knowledge and belief answer the following questions as they apply to you.

- 1. Are you now ill or pregnant or receiving medical treatment? YES NO
- 2. During the past 5 years, have you ever been medically diagnosed by a physician as having or been treated for:
 [check all that apply]
 arthritis kidney trouble high blood pressure thyroid, liver, blood, respiratory or digestive disorder NONE
 ulcers back trouble bone or joint disorder heart or circulatory trouble
 cancer diabetes enlarged lymph glands mental or nervous disorder, psychiatric care, alcoholism or drug habit
 Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Condition or any other disorder of the immune system
- 3. Are you currently receiving any disability or Workers Compensation benefits? YES NO

If you have answered "Yes" to any of the questions above, give complete details below.

(Please feel free to attach a separate document if more space is needed for your answer.)

Question #	Illness or Condition	Details

- 4. In the last 5 years have you filed a claim for disability benefits other than for maternity or non-disabling injury under the policy? YES NO
- By signing and dating this application, the member **requests** the insurance indicated; and the member **attests** to having read the Fraud Notice indicated below and that to the best of my knowledge and belief, the answers provided to the questions are true and complete.

I understand that benefits will not be payable for any condition for which medical advice was given, or treatment was recommended by or received from a physician during the 6 month period before my effective date, until my coverage has been continuously in force for 12 months. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Member: X _____ Date: _____

AGENT #:	SOURCE CODE:	APP #:	APPROVED BY:
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10/16 ed.

Assuming the Hospital & Home Care Recovery (HHCR) Group Policy remains in effect, a CSEA new retiree would be eligible to automatically become insured for the HHCR Guaranteed Issue benefit. The HHCR Group Policy will include a 10% rate discount and a waiver of the Preexisting Condition provision.

Do you wish to automatically enroll for the HHCR plan provided the HHCR Group Policy remains in effect? YES NO