



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

**Request For Coverage Increase/Change
CSEA Group Disability Income Insurance Plan**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Group Policy # G-11628-0 Email Address: _____

Preferred Phone Number (_____) _____ Home Cell Work

Date of Birth: _____ Social Security #: _____

COVERAGE CHANGE REQUEST I would like to:

- Decrease** my CSEA Group Disability Insurance Monthly **Benefit Amount** from \$ _____/mth to \$ _____/mth
- Change** my Group Disability Insurance **Waiting Period** from _____ days to _____ days.
- Change** my Group Disability Insurance **Benefit Duration** from _____ months to _____ months.
- Increase** Optional Accidental Death and Dismemberment coverage \$10,000 \$30,000 \$50,000 \$100,000
- Decrease** my Optional Accidental Death & Dismemberment Benefit from _____ to \$ _____.
\$5,000 AD&D Included with Plan to remain
- Add** Optional Spouse Accident Disability Benefit \$500 \$1,000 **Remove Spouse**
- Spouse Name:** _____ **Spouse DOB:** _____
- Increase** **Decrease** Optional Spouse Accident Disability Benefit from \$ _____ to \$ _____
- Add** **Remove** Long-Time Accident (LTA) Benefit

I hereby request the change indicated above. I declare I am a CSEA Member currently insured in this program and understand that any change requested that requires additional premium will be deducted from my paycheck, provided I am at full time work on that date.

Signature of Member X _____ Date _____

NOTE: If more space is needed, use a separate sheet of paper, signed and dated.

REQUEST FOR COVERAGE INCREASE

I hereby request that my monthly benefits under the CSEA Disability Income Insurance Plan be increased by: \$ _____ for a new total monthly benefit of \$ _____. My new premium per pay period will be \$ _____.

Under this offer coverage may not be increased beyond a \$1,200 Monthly Benefit maximum (\$1,500 for Clerical Workers).

Pre-existing conditions may not be covered immediately- see Member's Declaration below for further details.

Member Declaration: I hereby **request** the coverage increase as indicated above and **attest** to having read the Fraud Notice below. I declare that I am a CSEA Member currently insured in this program. I understand that this coverage increase will be effective on the date the additional premium due is deducted from my paycheck, provided I am at full-time work on that date. **I also understand that this benefit increase 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 six month period before it is effective, until it 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 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Member X _____ Date _____

I would like more information on CSEA Sponsored Group Whole Life Insurance and Hospital & Home Care Recovery (HHCR) Insurance

Please sign and date below, and send the request form in the enclosed postage-paid envelope or mail to:

CSEA Insurance Program
c/o Pearl Insurance
13 Airline Drive | Albany, NY 12205



AGENT#	SOURCE CODE:	APP #:	APPROVED BY:
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11628-Chg/Inc

rev 10/16

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