Request for Group Insurance from:
New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

Sponsored by: CSEA

Administered by: PEARL® INSURANCE
13 Airline Drive
Albany, NY 12205
877-VIP-CSEA

Group Comprehensive Accident Insurance Plan Application

Please use blue or black ink only. Do not use gel pens, correction fluids, or tape. All fields are required and initial any corrections.

1. MEMBER INFORMATION

Last Name	First Name		Initial
Address	City	State/Province	ZIP Code
Phone Number	Social Security Number		
Email Address	Date of Birth *(mm/dd/yyyy)*	Sex ☐ Male ☐ Female	
Are you a member of CSEA? ☐ Yes ☐ No	Are you solely engaged in office or clerical work? ☐ Yes ☐ No	Occupation/Job Title	
Are you presently at Full Time Work; performing all the duties of your occupation according to your regular schedule? ☐ Yes ☐ No			

2. SPOUSE INFORMATION *(Complete only if applying for spouse coverage)*

Last Name	First Name		Initial
Address (☐ *Same as Member*)	City	State/Province	ZIP Code
Phone Number	Date of Birth *(mm/dd/yyyy)*	Sex ☐ Male ☐ Female	
Are you presently at Full Time Work; performing all the duties of your occupation according to your regular schedule? ☐ Yes ☐ No			

3. INSURANCE REQUESTED: I HEREBY APPLY FOR THE FOLLOWING COVERAGE PLAN

(Refer to the brochure for eligibility, options and coverage description.)

Choose Only One... ☐ **Coverage for Member Only** ***OR*** ☐ **Coverage for Member and Spouse**

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

READ AND SIGN: By signing and dating this application, the member **requests** the insurance indicated; and the member and any person proposed for insurance **attest** to currently being at FULL TIME WORK and **attest** to having read the Fraud Notice below, and that to the best of our knowledge and belief, the answers provided to the questions are true and complete. I UNDERSTAND THAT THIS IS ACCIDENT-ONLY INSURANCE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. I HEREBY ATTEST THAT I AM PURCHASING THIS POLICY AS A SUPPLEMENT TO MY HEALTH COVERAGE, WHICH MEETS THE FEDERAL REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

FRAUD NOTICE RESIDENTS OF NY: For accident and health insurance only, any person who knowingly and with intent to defraud any insurance company or any 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.

Member's Signature *(Required - Please sign and date in ink.)*	Date *(mm/dd/yyyy)*
Spouse's Signature	Date *(mm/dd/yyyy)*

For office use only:
Agent #: 191

FRAUD NOTICE - For Residents of CT, PA, VT: 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 may be a crime and may subject such person to criminal and civil penalties.

RESIDENTS OF NJ: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

7.2013 ed

Payroll Deduction Authority for CSEA Membership

CSEA, Local 1000 AFSCME, AFL-CIO
143 Washington Avenue, Albany, New York 12210 | Phone: 1-800-342-4146, x1314 • Fax: 518-465-2382

I hereby authorize the Civil Service Employees Association, Inc. (CSEA), Local 1000 AFSCME, AFL-CIO, to be my exclusive representative for collective bargaining and therefore revoke any other representative that I may have previously designated. I also hereby authorize the fiscal or payroll officer of my employer to deduct CSEA dues from my salary in the amount certified by CSEA in this and succeeding years of my employment and membership.

Dues, contributions or gifts to CSEA are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses. In order to resign from CSEA membership, a member must send a letter stating her/his intent to resign, along with her/his name, address, telephone number, CSEA ID number and signature, by United States Postal Service First Class Mail, to: CSEA Statewide Secretary, Civil Service Employees Association, Inc., 143 Washington Avenue, Albany, NY 12210.

TO THE FISCAL OFFICER OF MY EMPLOYER: I am a member of, or have applied for membership in, CSEA and thereby authorize you to deduct from my salary each payroll period the necessary amounts for payment of CSEA Membership Dues and premiums for any CSEA member-only insurance plans and/or benefit programs that I have voluntarily elected.

SALUTATION ☐ MR. ☐ MRS. ☐ MS. ☐ MISS

☐ CHECK BOX IF YOU ARE A VETERAN

FIRST NAME _____ MI _____ LAST NAME _____

NAME OF CSEA LOCAL _____

NICKNAME _____

SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____
STREET ADDRESS

CITY _____ STATE _____ ZIP _____

EMPLOYER _____
NAME OF AGENCY/FACILITY

WORK ADDRESS _____
STREET ADDRESS

CITY _____ STATE _____ ZIP _____

PHONE _____
AREA CODE

LISTED UNLISTED

PHONE _____
AREA CODE

WORK PHONE _____
AREA CODE

DATE OF BIRTH _____
mm dd yyyy

JOB TITLE _____

ANNUAL SALARY _____

HOME E-MAIL _____
DO NOT GIVE YOUR WORK EMAIL ADDRESS.

Signature: _____ Date: _____

☐ By checking this box I consent to receive calls (including recorded or autodialed calls or texts) to my cell phone number from CSEA and its affiliated labor organizations on any subject matter. You may modify your preferences by calling CSEA at 1-800-342-4146 or visiting the CSEA website at cseany.org.

CSEA OFFICE USE ONLY