



CSEA Group Sponsored Insurance Program  
c/o Pearl Insurance | [cseainsurance.com](http://cseainsurance.com)

Remember to **sign and date** both the application and payroll authorization form.

Please keep the Disclosure for your records.

Return this application by fax or scan and email:

**Email:** [cseainsurance@pearlinsurance.com](mailto:cseainsurance@pearlinsurance.com)

**Fax:** 866.821.5062

**Thank you for your participation in the CSEA Group Sponsored Insurance Program.**

## CSEA GROUP SPONSORED DISABILITY INSURANCE - 12 MTH PLAN GUARANTEED ISSUE MONTHLY BENEFIT AMOUNTS & RATES

Additional benefit and waiting periods also available. Ask your CSEA Insurance Representative.

CLERICAL/OFFICE WORKERS	Annual Salary Requirement of:	Monthly Benefit	Member's Attained Age			
			Under 30	30-39	40-49	50-59
CSEA Members who are <b>solely engaged</b> in office or clerical work.	\$18,000 - \$21,999	<b>\$ 800</b>	\$ 12.44	\$ 15.52	\$ 19.70	\$ 27.46
	\$22,000 - \$25,999	<b>\$ 900</b>	\$ 13.96	\$ 17.43	\$ 22.13	\$ 30.84
	\$26,000 - \$27,499	<b>\$ 1,000</b>	\$ 15.49	\$ 19.34	\$ 24.56	\$ 34.23
<b>0-day Accident, 7-day Sickness waiting period. Benefits payable up to 12 months for covered disability due to Accident or Sickness.</b>	\$27,500 - \$29,999	<b>\$ 1,100</b>	\$ 17.01	\$ 21.24	\$ 26.99	\$ 37.61
	\$30,000 - \$32,499	<b>\$ 1,200</b>	\$ 18.53	\$ 23.15	\$ 29.42	\$ 40.99
	\$32,500 - \$34,999	<b>\$ 1,300</b>	\$ 20.06	\$ 25.06	\$ 31.85	\$ 44.38
	\$35,000 - \$37,499	<b>\$ 1,400</b>	\$ 21.58	\$ 26.96	\$ 34.28	\$ 47.76
	\$37,500 - \$39,999	<b>\$ 1,500</b>	\$ 23.11	\$ 28.87	\$ 36.71	\$ 51.15

\*All rates based on 26 pay period frequency & include \$5,000 Basic AD&D Coverage.

NON-CLERICAL WORKERS	Annual Salary Requirement of:	Monthly Benefit	Member's Attained Age			
			Under 30	30-39	40-49	50-59
CSEA Members who are <b>NOT</b> engaged in office or clerical work.	\$10,000 - \$11,999	<b>\$ 500</b>	\$ 12.10	\$ 14.92	\$ 19.19	\$ 26.56
	\$12,000 - \$13,999	<b>\$ 600</b>	\$ 14.44	\$ 17.82	\$ 22.93	\$ 31.77
	\$14,000 - \$17,999	<b>\$ 700</b>	\$ 16.78	\$ 20.72	\$ 26.66	\$ 36.98
<b>0-day Accident, 7-day Sickness waiting period. Benefits payable up to 12 months for covered disability due to Accident or Sickness.</b>	\$18,000 - \$21,999	<b>\$ 800</b>	\$ 19.12	\$ 23.63	\$ 30.40	\$ 42.19
	\$22,000 - \$25,999	<b>\$ 900</b>	\$ 21.46	\$ 26.53	\$ 34.14	\$ 47.40
	\$26,000 - \$27,499	<b>\$ 1,000</b>	\$ 23.80	\$ 29.44	\$ 37.88	\$ 52.62
	\$27,500 - \$29,999	<b>\$ 1,100</b>	\$ 26.14	\$ 32.34	\$ 41.61	\$ 57.83
	\$30,000 - \$32,499	<b>\$ 1,200</b>	\$ 28.48	\$ 35.24	\$ 45.35	\$ 63.04

\*All rates based on 26 pay period frequency & include \$5,000 Basic AD&D Coverage.

### Optional Dependent Child(ren) Emergency Accident Benefit

**\$ 1.40**

Optional benefit that pays a benefit of **\$50** if your child(ren) under age 19 suffers a covered injury from an accident and receives medical treatment on an outpatient basis in a hospital, ambulatory surgical center, urgent care center or private licensed physician's office. Benefit is limited to two outpatient visits per calendar year.

### Optional Spouse Accident Disability Coverage

Choice of a \$500 or \$1,000 monthly benefit. Guaranteed Issue with no health questions asked. Benefits payable up to 6 months. 7-Day Waiting period: benefits for covered occupational & non-occupational disabilities payable beginning on the 8th day of disability. 12-month pre-existing condition applies.

Monthly Benefit	Spouse Attained Age			
	Under 30	30-39	40-49	50-59
<b>\$ 500</b>	\$ 2.00	\$ 2.50	\$ 3.25	\$ 4.25
<b>\$ 1,000</b>	\$ 4.00	\$ 5.00	\$ 6.50	\$ 8.50

For the Member Disability Income plan, rates are based on the Member's attained age on the first day of any insurance period. For Spouse Accident Disability coverage, rates are based on the Spouse's attained age on the first day of any insurance period. Rates increase following attainment of a new age bracket.

**All rates are based on 26 bi-weekly pay period frequency.**



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

Sponsored by:



Administered by:



**PEARL<sup>®</sup> INSURANCE**  
13 Airline Drive | Albany, NY 12205  
www.cseainsurance.com

## Group Disability Income Insurance Plan Guaranteed Issue Application for CSEA Members

### 1. MEMBER NAME AND INFORMATION:

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ SEX:  MALE  FEMALE  
SSN: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Are you now a member of CSEA? .....  YES  NO

### 2. MEMBER AFFILIATION/OCCUPATION:

A. Are you presently performing all the duties of your occupation according to your regular schedule? .....  YES  NO  
B. Are you solely engaged in office or clerical work? .....  YES  NO  
C. What is your annual salary? ..... \$ \_\_\_\_\_  
D. Occupation/duties: \_\_\_\_\_

### 3. INSURANCE REQUESTED:

I hereby apply for the coverage indicated below based upon all my statements made in this application. **You may choose any Monthly Benefit from \$300 to \$1,200 per month (\$1,500 per month for clerical workers) provided it does not exceed the monthly benefit amount based on your current 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:  12 Months  12 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  
(maximum 6 month benefit duration) Spouse Name: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_  
F. Optional Child Outpatient Emergency Accident Benefit:  \$50 per child (maximum of two outpatient visits per calendar year per child)  
My child(ren) is/are under age 19 as of the date of this application.

**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.

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.**

**Fraud Statement: 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 there-to, 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: \_\_\_\_\_

### 11628-ClassicGI.2021

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



# 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. I may revoke this authorization by sending a letter stating my intent to resign, along with my name, address, telephone number, and CSEA ID number, by United States Postal Service First Class Mail to: CSEA Statewide Secretary, Civil Service Employees Association, Inc., 143 Washington Avenue, Albany, N.Y. 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 insurance premiums (check applicable boxes, if any):

- TERM LIFE
- WHOLE/UNIVERSAL LIFE
- DISABILITY
- CAP
- CRITICAL ILLNESS
- HHCR
- AUTO/HOME

CHECK BOX IF YOU ARE A VETERAN

SALUTATION  MR.  MRS.  MS.  MISS

\_\_\_\_\_  
FIRST NAME                      MI                      LAST NAME

NICKNAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY                                      STATE                                      ZIP

PHONE \_\_\_\_\_  
AREA CODE

LISTED      UNLISTED

PHONE \_\_\_\_\_  
AREA CODE

DATE OF BIRTH \_\_\_\_\_  
mm      dd      yyyy

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

NAME OF CSEA LOCAL \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
NAME OF AGENCY/FACILITY

WORK ADDRESS \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY                                      STATE                                      ZIP

WORK PHONE \_\_\_\_\_  
AREA CODE

JOB TITLE \_\_\_\_\_

ANNUAL SALARY \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By checking this box I consent to receive calls (including recorded or autodialed calls or texts) at 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.

C S E A   O F F I C E   U S E   O N L Y

## Group Disability Income Insurance Protection for CSEA Members

**Who May Apply:** This plan is available to all CSEA Members under age 65 who are regularly and actively performing the duties of their occupation according to their regular schedule on a full-time basis.

CSEA Membership is required for the continuance of this insurance. Individuals on active duty in the armed forces are not eligible to apply.

**Total Disability Definition:** Benefits are provided for a covered total disability that begins while you are insured. Total Disability is defined as a sickness, accident, or pregnancy that completely and continuously incapacitates you so that you cannot perform the material and substantial duties of your occupation during the first two consecutive years of disability. After two years, benefits will continue if you are unable to perform the duties of any gainful occupation for which you are reasonably fit by education, training or experience.

Throughout your Total Disability you must also be under the care of a doctor (other than yourself or a member of your family or household) and not be working in any occupation for pay or profit.

Disabilities due to an accident must be independent of all other causes and must begin within 90 days of the accident.

**Concurrent and Successive Disabilities:** Any period of disability resulting from one or more causes or two or more periods of disability will be considered as one period of disability unless between the periods of disability, you have returned to active full-time work for at least 3 consecutive months; or the subsequent disability results from causes entirely unrelated to the causes of the previous disability, and you have returned to work at least 1 day.

**Waiver of Premium:** After you have been totally disabled for three consecutive months, all future premiums will be waived for as long as you continue to receive Total Disability benefits.

**Renewability:** You may keep this valuable protection as long as you maintain your CSEA membership, pay your premiums when due, are actively-at-work, do not enter active duty in the armed forces and the policy remains in effect for members. The policy may be terminated by either CSEA or New York Life.

**Effective Date of Insurance:** Your insurance will not become effective until your application has been approved and the first premium and/or payroll deduction has been paid.

**Compassionate Care – Member Loyalty Benefit:** In order to be eligible to receive the Compassionate Care benefit, the member must be continuously covered under the CSEA group disability plan and claim free for 12 months. (Note that the claim free requirement does not apply to pregnancy claims and non disabling injuring benefit claims.) The FMLA qualifying periods (30-59 days or 60 days or longer) need not be continuous to receive the benefit as long as the qualifying period is met for the same FMLA leave request.

**Optional Loyalty Retirement Benefit -** Members must not be disabled or on claim on the date of retirement. For those members insured under the CSEA group disability plan for five years and claim free, the 6 month preexisting condition limitation will be waived. (Note that the claim free requirement does not apply to pregnancy claims and non-disabling injury benefit claims.)

**Disability Plan Exclusions:** Benefits are not provided for disabilities which begin before an insured's effective date or for disabilities due to: air travel, unless flying solely as a passenger; war or military service; intentional self-inflicted injuries; committing or attempting to commit a felony; any illegal occupation or activity; or due to Pre-Existing conditions (except as explained below).

**Pre-Existing Conditions:** Benefits are not provided for a disability due to any condition for which medical advice was given, or treatment was recommended by or received from a physician during the 6 month period before an insured's effective date, until coverage has been continuously in effect for 12 months.

**Accidental Death & Dismemberment (AD&D) Exclusions:** AD&D Benefits are not provided for losses due to: air travel, unless riding solely as a passenger; war; suicide; intentionally self-inflicted injuries; illegal use of drugs, narcotics, hallucinogens, etc.; legal intoxication; committing or attempting to commit a felony; any illegal occupation or activity, or for losses due to sickness or illness, mental or emotional disorders or bacterial infections, except infections which occur as the result of (1) accidental cut or wound; or (2) accidental ingestion of a contaminated material.

## Optional Spouse Accident Disability Income Insurance Protection for Spouses of CSEA Members

**Who May Apply for Spouse Accident Only Disability Coverage:** This coverage is available to all lawful spouses/domestic partners of CSEA Members insured under the group disability plan. Spouses must be under age 65 and must be regularly and actively performing the duties of their occupation according to their regular schedule on a full-time basis and not be an insured member under the group disability plan.

**Spouse Accident Total Disability Definition -** A Covered Total Disability means incapacity from an Occupational or Non-Occupational accidental injury that completely and continuously prevents the insured spouse from doing the material and substantial duties of his or her regular occupation.

For a disability to be considered a Covered Total Disability, the accidental injury must occur and the disability resulting from such accidental injury must begin while the insured spouse is insured under the Policy; the insured spouse must not at any time be engaged in any occupation for pay or profit in which he or she is able to perform satisfactorily in light of age, education, training, experience, station in life and physical and mental capacity.

Disabilities resulting from the accidental injury must begin within 90 days after the injury occurred. If more than 90 days have elapsed, the disability will be considered to have resulted from a sickness and not covered under the terms and conditions of the Policy.

Throughout your Total Disability you must also be under the care of a doctor (other than yourself or a member of your family or household) and not be working in any occupation for pay or profit.

**Spouse Accident Only Disability Exclusions:** Benefits are not provided before the insured's effective date or for disabilities due to: air travel, unless riding solely as a passenger; war or military service; intentional self-inflicted injuries; committing or attempting to commit a felony; any illegal occupation or activity or due to Pre-Existing conditions (except as explained below).

**30-DAY FREE LOOK:** If you're not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated, and you will be sent a full refund, no questions asked!

Some agencies do not allow Payroll Deduction. For those members, we now offer EZ Pay<sup>SM</sup>. If you use EZ Pay<sup>SM</sup>, please remember to include the first two months premium as an initial payment. You can use the postage-paid envelope enclosed.

This brochure includes only a partial description of the principal provisions and definitions of the proposed coverage. The complete terms and definitions are set forth in Group Policy G-11628-0 (Policy Form GMR). Each insured member will receive a Certificate of Insurance detailing his/her coverage under this policy. This Policy provides Disability Income and Accidental Death & Dismemberment insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. CSEA incurs administrative costs in connection with its sponsorship of this Disability Income Insurance Program. To provide and maintain this valuable benefit CSEA may be reimbursed for these costs.

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New York, NY 10010

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