



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



Sponsored by:

Administered by:



**PEARL[®]
INSURANCE**

13 Airline Drive | Albany, NY 12205
www.cseainsurance.com

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

Marketing | Office #191

1. MEMBER NAME AND 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:

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: \$1,000 Monthly Benefit
 (maximum 6 month benefit duration) 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.

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: _____

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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

10/16 ed.

AGENT #	SOURCE CODE:	APP #:	APPROVED BY:
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CSEA GROUP SPONSORED DISABILITY INSURANCE

GUARENTEED ISSUE MONTHLY BENEFIT AMOUNTS & RATES (0/7)

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

OFFICE/CLERICAL	Annual Salary Requirement of:	Monthly Benefit	Member's Attained Age			
			Under 30	30-39	40-49	50-59
CSEA Members who are solely engaged in office or clerical work. <i>0-day Accident, 7-day Sickness waiting period. Benefits payable up to 12 months for covered disability due to Accident or Sickness.</i>	\$10,000 - \$11,999	\$ 500	\$ 7.87	\$ 9.80	\$ 12.41	\$ 17.31
	\$12,000 - \$13,999	\$ 600	\$ 9.39	\$ 11.71	\$ 14.84	\$ 20.69
	\$14,000 - \$17,999	\$ 700	\$ 10.91	\$ 13.61	\$ 17.27	\$ 24.07
	\$18,000 - \$21,999	\$ 800	\$ 12.44	\$ 15.52	\$ 19.70	\$ 27.46
	\$22,000 - \$25,999	\$ 900	\$ 13.96	\$ 17.43	\$ 22.13	\$ 30.84
	\$26,000 - \$27,499	\$ 1,000	\$ 15.49	\$ 19.34	\$ 24.56	\$ 34.23
	\$27,500 - \$29,999	\$ 1,100	\$ 17.01	\$ 21.24	\$ 26.99	\$ 37.61
	\$30,000 - \$32,499	\$ 1,200	\$ 18.53	\$ 23.15	\$ 29.42	\$ 40.99
	\$32,500 - \$34,999	\$ 1,300	\$ 20.06	\$ 25.06	\$ 31.85	\$ 44.38
	\$35,000 - \$37,499	\$ 1,400	\$ 21.58	\$ 26.96	\$ 34.28	\$ 47.76
\$37,500 - \$39,999	\$ 1,500	\$ 23.11	\$ 28.87	\$ 36.71	\$ 51.15	

Monthly benefit amounts over \$1,500 and up to \$3,000 subject to medical questions & underwriting.

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

Monthly benefit amounts over \$1,200 and up to \$3,000 subject to medical questions & underwriting.

Optional Spouse Accident Disability Coverage	Monthly Benefit	Spouse Attained Age			
		Under 30	30-39	40-49	50-59
<i>Choice of a \$500 or \$1,000 monthly benefit. Guaranteed Issue with no health questions asked. Benefits payable up to 6 months.</i>	\$ 500	\$ 2.00	\$ 2.50	\$ 3.25	\$ 4.25
	\$ 1,000	\$ 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. Rates are based on 26 bi-weekly pay period frequency.

Insured members must notify Pearl Insurance his or her Job Classification changes from Office or Clerical Work to Non-Office or Clerical Work or vice versa. Notification of such change should be made immediately, but in no event more than 90 days after the date his or her Job Classification changes.

Benefits are subject to change by agreement between New York Life and CSEA. Rates may be changed by New York Life on any premium due date and on any date on which benefits are changed. However, your benefits may change only if they are changed for an entire class of insureds. For example, a class is a group of people with the same issue age. Please refer to the plan brochure for complete plan information including eligibility, benefits, exclusions & limitations, termination provisions etc. CSEA's Sponsored Group Disability Income Insurance Plan is underwritten by New York Life Insurance Company, 51 Madison Ave., New York, NY 10010 (Policy Form GMR).



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 Sponsored Insurance Program
c/o Pearl Insurance | cseainsurance.com

Remember to sign and date both the application and PDA form.

Return this application by fax or scan and email:

Email: cseainsurance@pearlinsurance.com

Fax: 866.821.5062

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