

Guaranteed Issue Enrollment Form for CSEA Premier Term Life Insurance

For new CSEA Members under age 70



CSEA Member Information:

First: _____ Middle: _____ Last: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN#: _____ Phone #: _____ Sex: M F

Employer Name: _____ Employer Phone #: _____

Beneficiary Designation:

The Member signing below names the following person as primary beneficiary for any MetLife payment upon his or her death. The Member understands that he or she has the right to change this designation at any time.

Beneficiary Name: _____ Relationship to Member: _____

Date of Birth: _____ Social Security #: _____ Phone #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Note: Contact the Plan Administrator if you desire to name a Secondary Beneficiary.

Coverage Requested:

I am applying for \$25,000 in Guaranteed Issue Term Life Insurance Coverage

I am applying for \$50,000 in Guaranteed Issue Term Life Insurance Coverage

Spouse Coverage:

I am applying for \$25,000 in Guaranteed Issue Term Life Insurance Coverage for my spouse

I am applying for \$50,000 in Guaranteed Issue Term Life Insurance Coverage for my spouse

Spouse: _____

Spouse's Name

Date of Birth

Social Security Number

Declaration Section:

Each person signing below declares that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief. Each person understands that this information will be used by MetLife to determine his or her insurability.

For the Accelerated Benefits Option: Life Insurance may include an Accelerated Death Benefits Option under which a terminally ill insured can accelerate a portion of his or her life insurance amount. Receipt of accelerated death benefits may affect eligibility for public assistance and an interest and expense charge may be deducted from the accelerated payment.

Fraud Warning: If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning. New York [only applies to Accidental & Health Benefits(AD&D)]: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. In any other case, read the following warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

I am applying for the term life insurance shown above. I am a member of the Civil Service Employees Association, Inc. To be eligible for this offer, a completed application must be received within 180 days of being a CSEA member. I am presently actively performing all the duties of my occupation according to my regular work schedule.

Member Signature: _____ Date: _____

CSEA Premier Term Life Insurance

Guaranteed Issue Rates for New Members

Bi-Weekly Rates for \$50,000 in Coverage

Age Band	Under 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
Member	\$2.30	\$3.80	\$5.40	\$7.50	\$11.10	\$18.00	\$25.40	\$38.10	\$59.90
Spouse	\$3.00	\$4.20	\$5.70	\$7.50	\$11.10	\$18.00	\$31.00	\$38.80	\$60.70

Bi-Weekly Rates for \$25,000 in Coverage

Age Band	Under 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
Member	\$1.15	\$1.90	\$2.70	\$3.75	\$5.55	\$9.00	\$12.70	\$19.05	\$29.95
Spouse	\$1.50	\$2.10	\$2.85	\$3.75	\$5.55	\$9.00	\$15.50	\$19.40	\$30.35

Note: Spouse Rate is determined by the Member's age.

Sponsored by:





PAYROLL DEDUCTION AUTHORITY for CSEA Membership

CSEA, Local 1000 AFSCME, AFL-CIO
143 Washington Avenue, Albany, New York 12210 / (518) 257-1000

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.

TO THE FISCAL OR PAYROLL OFFICER OF MY EMPLOYER:

I AM A MEMBER OF, OR HAVE APPLIED FOR MEMBERSHIP IN, CSEA AND HEREBY 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):

SIGNATURE: _____ **Date:** _____

Mr. (PLEASE PRINT) _____
Name of CSEA LOCAL

Mrs.

Ms.

Miss

First MI Last Annualized Salary Job Title

RESIDENCE street and number city state zip code

WORK ADDRESS street and number city state zip code

Name of Agency and / or Facility () Area Code Home Phone Number

EMPLOYED BY Social Security Number

CHECK BOX IF YOU ARE A VETERAN

This space for CSEA office use only



Rev. 3/13

SUBMISSION INSTRUCTIONS

Be sure to SIGN enrollment and payroll authorization forms, make a copy for your records and return:

via email: cseainsurance@pearlinsurance.com

or fax: 1-866-821-5062

13 Airline Drive | Albany, NY 12205