



GUARANTEED ISSUE GROUP LIFE AND DISABILITY INSURANCE APPLICATION (New York Residents)



PLEASE PRINT IN INK OR TYPE ALL ANSWERS. INITIAL AND DATE ANY CHANGES YOU MAKE. DO NOT USE CORRECTION FLUID OR GEL PENS.

Name (First, MI, Last)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Title 32 <input type="checkbox"/> Title 5			
Address		City	ST.	ZIP	Age	Birth Date
Work Phone Number ()	Home Phone Number ()	SSN		Date of Employment		
Location of Paying Office/Number		Employing Office		Annual Salary \$	Job Duty	Enroller Code

GROUP LONG TERM DISABILITY INSURANCE

Insurance requested: I hereby apply for the following coverage(s) checked below. ☒ Check the box for the coverage you want based on your salary, either BASIC or BASIC+SUPPLEMENTAL. Rates are based on bi-weekly deductions. Refer to the brochure for eligibility, options and coverage description.

SALARY UNDER \$18,000				SALARY \$24,000 - \$25,999			
MONTHLY BENEFITS		Your Age		MONTHLY BENEFITS		Your Age	
		Under 40	40-49 50-59			Under 40	40-49 50-59
<input type="checkbox"/> \$500 Basic		\$ 2.00	\$ 5.40 \$14.95	<input type="checkbox"/> \$600 Basic		\$ 2.50	\$ 6.75 \$18.30
<input type="checkbox"/> \$500 Basic + \$400 Supplemental		\$ 2.80	\$ 7.20 \$19.55	<input type="checkbox"/> \$600 Basic + \$600 Supplemental		\$ 4.10	\$10.35 \$27.50

SALARY \$18,000 - \$19,999				SALARY \$26,000 - \$27,999			
MONTHLY BENEFITS		Your Age		MONTHLY BENEFITS		Your Age	
		Under 40	40-49 50-59			Under 40	40-49 50-59
<input type="checkbox"/> \$600 Basic		\$ 2.50	\$ 6.75 \$18.30	<input type="checkbox"/> \$600 Basic		\$ 2.50	\$ 6.75 \$18.30
<input type="checkbox"/> \$600 Basic + \$400 Supplemental		\$ 3.30	\$ 8.55 \$22.90	<input type="checkbox"/> \$600 Basic + \$700 Supplemental		\$ 4.50	\$11.25 \$28.20

SALARY \$20,000 - \$23,999				SALARY \$28,000 - \$29,999			
MONTHLY BENEFITS		Your Age		MONTHLY BENEFITS		Your Age	
		Under 40	40-49 50-59			Under 40	40-49 50-59
<input type="checkbox"/> \$600 Basic		\$ 2.50	\$ 6.75 \$18.30	<input type="checkbox"/> \$700 Basic		\$ 3.00	\$ 8.10 \$21.65
<input type="checkbox"/> \$600 Basic + \$500 Supplemental		\$ 3.70	\$ 9.45 \$25.20	<input type="checkbox"/> \$700 Basic + \$700 Supplemental		\$ 5.00	\$12.60 \$31.55

SALARY \$30,000 and Over			
MONTHLY BENEFITS		Your Age	
		Under 40	40-49 50-59
<input type="checkbox"/> \$700 Basic		\$ 3.00	\$ 8.10 \$21.65
<input type="checkbox"/> \$700 Basic + \$800 Supplemental		\$ 5.40	\$13.50 \$35.45

GROUP TERM LIFE INSURANCE

Insurance requested: I hereby apply for the following coverage(s) checked below. ☒ Check the box for the coverage you want based on your age, either TechLife or TechLife + GUARD LIFE. Rates are based on bi-weekly deductions. Refer to the brochure for eligibility, options and coverage description.

TECHLIFE				OR	TECHLIFE + GUARD LIFE			
Age	Benefit	Rate	Check Here		Age	Benefit	Rate	Check Here
Under 40	\$25,000	\$1.90	<input type="checkbox"/>		Under 40	TechLife \$25,000 + Guard \$25,000	\$3.90	<input type="checkbox"/>
40 - 49	\$25,000	\$4.35	<input type="checkbox"/>		40 - 49	TechLife \$25,000 + Guard \$25,000	\$9.85	<input type="checkbox"/>
50 - 54	\$18,750	\$6.10	<input type="checkbox"/>		50 - 54	TechLife \$18,750 + Guard \$25,000	\$19.45	<input type="checkbox"/>
55 - 59	\$12,500	\$6.10	<input type="checkbox"/>		55 - 59	TechLife \$12,500 + Guard \$25,000	\$19.45	<input type="checkbox"/>

☐ Children's coverage - 2,000 per child (\$.90)

REPLACEMENT INFORMATION (Must be completed if applying for life insurance.)

Residents of New York: I have read the Important Replacement Information below. Is the insurance applied for intended to replace, in whole or in part, any existing insurance or annuity? ☐ YES ☐ NO

IMPORTANT REPLACEMENT INFORMATION FOR RESIDENTS OF NEW YORK

It may not be in your best interest to replace existing life insurance policies or annuity contracts in connection with the purchase of a new life insurance policy, whether issued by the same or a different insurance company. A replacement will occur if, as part of your purchase of a new life insurance policy, existing coverage has been, or is likely to be, lapsed, surrendered, forfeited, assigned, terminated, changed or modified into paid-up insurance or other forms of benefits, loaned against or withdrawn from, reduced in value by use of cash values or other policy values, changed in the length of time or in the amount of insurance that would continue, or continued with a stoppage or reduction in the amount of premium paid. Prior to completing a replacement transaction, you may want to contact the insurance company or agent who sold you the life insurance or annuity contract that will be replaced, to help you decide whether the replacement is in your best interest.

BENEFICIARY DESIGNATION

I hereby make the following beneficiary designation with respect to all the insurance on my life under this Group Term Life Insurance Plan, and I revoke any prior beneficiary designation. (Leave blank if you wish to keep your current beneficiary information.) (Please print: person's name, address, relationship and, for USA residents, Social Security Number.)

AUTHORIZATION AND SIGNATURE

By signing and dating this application, I request the insurance indicated, attest to having read the enclosed Fraud notices, and that to the best of my knowledge and belief, the answers provided to the questions and true and complete. I understand that, upon issuance of such insurance, I will become a Member of the NGAUS Insurance Trust. I understand that my employer, as a service performed for me, will make regular payroll deductions for the premiums. I direct that all experience credits declared as a result of my participation in the NGAUS Insurance Trust, after payment of Trust expenses, shall be paid to the National Guard Association of the United States or The National Guard Education Foundation, as determined by the NGAUS Insurance Trust. No obligation shall be incurred because of information furnished unless and until coverage is approved by New York Life Insurance Company and the first premium is paid in full. You must be actively at work for the National Guard at the time you enroll, not already insured in the Plan you are enrolling for (you can add Supplemental Disability Coverage if you are currently enrolled in Basic Disability), and you must not have previously been denied coverage by New York Life Insurance Company. Payroll deduction for your selected coverage must begin by the 2nd pay period after the open enrollment period ends. For all details of this Insurance Program, see the Technician booklet at your HRO.

Applicant Signature _____

Date _____
month / day / year



Scan the QR code to get more details on this
exclusive coverage available to NGAUS members.

Complete this form and Return to:
NGAUS Insurance Trust
P.O. Box 47060
Phoenix, AZ 85068-47060

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

FRAUD NOTICE – RESIDENTS OF NY: 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.

FOR OFFICE USE ONLY Deduction amount for above coverages: <input type="checkbox"/> New Coverage <input type="checkbox"/> Additional				
Basic LTD	Supplemental LTD		Life	
Deduction Amount \$	Effective Date	1st Payroll Deduction	Transmittal Number HRO	Consec. Number