

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.

	:)					Sex:	M D F		Title 32	Title 5			
Address				City			ST.	ZIF)	Age	Birth D	ate	
Work Phone Num	ber	Home Phone Nun	nber	SSN					Date of E	mployment	:		
Location of Paying	g Office/Number	Employing C	Office		Annua	al Salar	У		Job Duty		Enrolle	r 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.													
	NDER \$18,000		Your Age				24,000	-\$	25,999			Your Age	
MONTHLY BENEFITS			4.95			Y BENEFITS Basic				ler 40 2.50	40-49 \$ 6.75	50-59 \$18.30	
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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.													
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G-31163-0, G-31164-0



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 Ded	uction amount for above cov	☐ New Coverage ☐ Additional				
Basic LTD	Supplemental LTD		Life			
Deduction Amount \$	Effective Date	1st Payroll Deduction	Transmittal Number HRO	Consec. Number		