



RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK NATIONAL GUARD ASSOCIATION OF THE UNITED STATES OPEN ENROLLMENT FORM (New York Residents)



Plan#28690-7

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 month / day / year
Work Phone Number () ()		Home Phone Number () ()		SSN		Date of Employment month / day / year		
Location of Paying Office/Number			Employing Office		Annual Salary \$		Job Duty	Enroller Code

LONG TERM DISABILITY INSURANCE

Check the box for the coverage you want based on your salary, either BASIC or BASIC+SUPPLEMENTAL.
Rates are based on bi-weekly deductions.

<p style="text-align: center;">SALARY UNDER \$18,000</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th colspan="3" style="text-align: center;">Your Age</th> </tr> <tr> <th></th> <th style="text-align: center;">Under 40</th> <th style="text-align: center;">40-49</th> <th style="text-align: center;">50-59</th> </tr> </thead> <tbody> <tr> <td>MONTHLY BENEFITS</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Basic - \$500</td> <td style="text-align: right;">\$ 2.00</td> <td style="text-align: right;">\$ 5.40</td> <td style="text-align: right;">\$14.95</td> </tr> <tr> <td style="padding-left: 20px;">Supplemental - \$400</td> <td style="text-align: right;">\$.80</td> <td style="text-align: right;">\$ 1.80</td> <td style="text-align: right;">\$ 4.60</td> </tr> <tr> <td><input type="checkbox"/> Basic + Supplemental - \$900</td> <td style="text-align: right;">\$ 2.80</td> <td style="text-align: right;">\$ 7.20</td> <td style="text-align: right;">\$19.55</td> </tr> </tbody> </table>		Your Age				Under 40	40-49	50-59	MONTHLY BENEFITS				<input type="checkbox"/> Basic - \$500	\$ 2.00	\$ 5.40	\$14.95	Supplemental - \$400	\$.80	\$ 1.80	\$ 4.60	<input type="checkbox"/> Basic + Supplemental - \$900	\$ 2.80	\$ 7.20	\$19.55	<p style="text-align: center;">SALARY \$24,000 - \$25,999</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th colspan="3" style="text-align: center;">Your Age</th> </tr> <tr> <th></th> <th style="text-align: center;">Under 40</th> <th style="text-align: center;">40-49</th> <th style="text-align: center;">50-59</th> </tr> </thead> <tbody> <tr> <td>MONTHLY BENEFITS</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Basic - \$600</td> <td style="text-align: right;">\$ 2.50</td> <td style="text-align: right;">\$ 6.75</td> <td style="text-align: right;">\$18.30</td> </tr> <tr> <td style="padding-left: 20px;">Supplemental - \$600</td> <td style="text-align: right;">\$ 1.60</td> <td style="text-align: right;">\$ 3.60</td> <td style="text-align: right;">\$ 9.20</td> </tr> <tr> <td><input type="checkbox"/> Basic + Supplemental - \$1,200</td> <td style="text-align: right;">\$ 4.10</td> <td style="text-align: right;">\$10.35</td> <td style="text-align: right;">\$27.50</td> </tr> </tbody> </table>		Your Age				Under 40	40-49	50-59	MONTHLY BENEFITS				<input type="checkbox"/> Basic - \$600	\$ 2.50	\$ 6.75	\$18.30	Supplemental - \$600	\$ 1.60	\$ 3.60	\$ 9.20	<input type="checkbox"/> Basic + Supplemental - \$1,200	\$ 4.10	\$10.35	\$27.50
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TERM LIFE INSURANCE

Check the box for the coverage you want based on your age, either BASIC or BASIC + GUARD LIFE. Rates are based on bi-weekly deductions.

BASIC				OR				BASIC + GUARD LIFE			
Age	Benefit	Rate	Check Here	Age	Benefit	Rate	Check Here	Age	Benefit	Rate	Check Here
Under 40	\$25,000	\$1.90	<input type="checkbox"/>	Under 40	\$50,000	\$3.90	<input type="checkbox"/>	Under 40	\$50,000	\$3.90	<input type="checkbox"/>
40 - 49	\$25,000	\$4.35	<input type="checkbox"/>	40 - 49	\$50,000	\$9.85	<input type="checkbox"/>	40 - 49	\$50,000	\$9.85	<input type="checkbox"/>
50 - 54	\$18,750	\$6.10	<input type="checkbox"/>	50 - 54	\$43,750	\$19.45	<input type="checkbox"/>	50 - 54	\$43,750	\$19.45	<input type="checkbox"/>
55 - 59	\$12,500	\$6.10	<input type="checkbox"/>	55 - 59	\$37,500	\$19.45	<input type="checkbox"/>	55 - 59	\$37,500	\$19.45	<input type="checkbox"/>

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

Beneficiary Designation for Term Life Insurance

Name _____ SSN _____
 Address _____ Relationship to the applicant _____
 _____ Beneficiary of the children's coverage will be the insured parent.

I request participation in the insurance plan offered by ReliaStar Life Insurance Company of New York. 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 ReliaStar Life Insurance Company of New York 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 ReliaStar Life Insurance Company of New York. 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.

For Disability Income applicants: 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 will also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

 Applicant Signature _____ Date _____
month / day / year

OPTIONAL BENEFITS

Are you interested in additional Group Term Life coverage for yourself? Yes No
 Are you interested in Group Term Life coverage for your spouse? Yes No

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

One Copy to ReliaStar Insurance Co. - One Copy to Payroll Office - One Copy to HRO - One Copy to Retain for your records