

CSEA RETIREE LEVEL GROUP TERM LIFE INSURANCE APPLICATION

To Apply, Please Complete and Return to:
CSEA Endorsed Insurance Program Customer Service
P.O. Box 9997
Phoenix, AZ 85068-9997

GUARANTEED ISSUE:
SEND NO MONEY NOW!
Payment Handled
Via Payroll Deduction



California State Employees Association
Retiree Level Group Term Insurance



Request for Group Insurance from
New York Life Insurance Co.
51 Madison Ave., New York, NY 10010

Please print in INK. Do not erase or use correction fluid. To correct, cross out and initial/date changes. Answer all questions, then sign the Agreement and Authorization below.

1. Member Information

1. Member Name: _____ Member Number: _____

2. Street Address: _____ 3. City: _____ State: _____ Zip: _____

4. Member SSN: _____ - _____ - _____ 5. Email Address: _____

6. Date of Birth (MM/DD/YYYY): ____ / ____ / ____ 6. Place of Birth: _____

8. Daytime Phone #: (____) _____ - _____ Retirement Date (MM/DD/YYYY): ____ / ____ / ____ Affiliation: Retirees Sex: M F

9. Beneficiary Designation: I make the following beneficiary designation with respect to all the insurance on my life under this Senior Term Life. The beneficiary for dependent coverage shall be the insured member as provided in the group policy. (If you want to name a different beneficiary for spouse/domestic partner coverage, more than one beneficiary, or a trust, please contact the Plan Administrator.) (1) In naming more than one beneficiary, please note if each is to be primary and/or secondary, and the percentage of death proceeds to be distributed to each. (2) If naming a trust, please indicate the full name and date of the trust. (Attach a separate sheet if necessary, then sign and date it.)

Beneficiary Name: _____

Social Security Number: _____ - _____ - _____ Relation to Member: _____ Sex: M F

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

Daytime Phone #: (____) _____ - _____ Percentage of Benefit: _____

10. Check here to cover your spouse/domestic partner: Spouse Domestic Partner

Full Name: _____ Date of Birth (MM/DD/YYYY): ____ / ____ / ____ Sex: M F

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

If married, is your spouse a CSEA member? Yes No

2. Insurance Requested

I HEREBY APPLY FOR THE FOLLOWING RETIREE LEVEL GROUP TERM LIFE INSURANCE COVERAGE:

A. I am retired by the State of California:

Please select the following Retiree Level Group Term Life Insurance Coverage: →	<input type="radio"/> \$10,000	<input type="radio"/> \$20,000
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Spouse/Domestic Partner Option: \$5,000

3. For Residents of CA:

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 may be a crime and may subject such person to criminal and civil penalties. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

4. Authorization and Signature

I hereby enroll for Retiree Level Group Term Life Insurance coverage offered through the California State Employees Association (CSEA) Insurance provided by New York Life Insurance Company, available to CSEA members. I authorize the State of California to deduct the monthly premium for such Group Insurance from wages and to pay said premium in accordance with the law. I am a CSEA member in good standing. I understand that coverage will be effective on the first of the month following CalPERS deduction and receipt of my Application.

Member Signature **X** _____ Today's Date (MM/DD/YYYY) **X** ____ / ____ / ____