GUARANTEED ISSUE GROUP LIFE AND DISABILITY INSURANCE APPLICATION (Open Enrollment)

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: ☐ M ☐ F	☐ Title 32 ☐ Title 5		
Address	City	ST.	ZIP	Age	Birth Date
Work Phone Number	Home Phone Number	SSN	Date of Employment		
Location of Paying Office/Number HI AIRFORCE 122	Employing Office HRO	Annual Salary $	Job Duty	Enroller Code HRO	

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 $28,000 - $31,999	Your Age		
MONTHLY BENEFITS	Under 40	40-49	50-64
☐ $700 Basic	$ 3.00	$ 8.10	$21.65
☐ $700 Basic + $700 Supplemental	$ 5.00	$12.60	$31.55

SALARY $32,000 - $39,999	Your Age		
MONTHLY BENEFITS	Under 40	40-49	50-64
☐ $800 Basic	$ 3.20	$ 9.20	$24.80
☐ $800 Basic + $800 Supplemental	$ 5.60	$14.60	$38.60

SALARY $40,000 - $49,999	Your Age		
MONTHLY BENEFITS	Under 40	40-49	50-64
☐ $1,000 Basic	$ 4.40	$11.70	$31.20
☐ $1,000 Basic + $1,000 Supplemental	$ 7.40	$18.70	$48.70

SALARY $50,000 - $59,999	Your Age		
MONTHLY BENEFITS	Under 40	40-49	50-64
☐ $1,100 Basic	$ 4.95	$13.20	$34.65
☐ $1,100 Basic + $1,400 Supplemental	$ 9.85	$23.70	$59.85

SALARY $60,000 - $74,999	Your Age		
MONTHLY BENEFITS	Under 40	40-49	50-64
☐ $1,250 Basic	$ 5.63	$15.00	$39.38
☐ $1,250 Basic + $1,750 Supplemental	$11.76	$28.13	$70.88

SALARY $75,000 - $89,999	Your Age		
MONTHLY BENEFITS	Under 40	40-49	50-64
☐ $1,500 Basic	$ 6.75	$18.00	$47.25
☐ $1,500 Basic + $2,250 Supplemental	$14.63	$34.88	$87.75

SALARY $90,000 - $104,999	Your Age		
MONTHLY BENEFITS	Under 40	40-49	50-64
☐ $1,800 Basic	$ 9.20	$24.55	$ 64.43
☐ $1,800 Basic + $2,700 Supplemental	$21.01	$49.86	$125.18

SALARY $105,000 - $119,999	Your Age		
MONTHLY BENEFITS	Under 40	40-49	50-64
☐ $2,100 Basic	$10.73	$28.64	$ 75.16
☐ $2,100 Basic + $3,150 Supplemental	$24.50	$58.16	$146.04

SALARY $120,000 and Over	Your Age		
MONTHLY BENEFITS	Under 40	40-49	50-64
☐ $2,400 Basic	$12.26	$32.74	$ 85.90
☐ $2,400 Basic + $3,600 Supplemental	$27.99	$66.47	$166.90

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. Rates are based on bi-weekly deductions. Refer to the brochure for eligibility, options and coverage description.

Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here	Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here
Under 30	$25,000	$1.50	☐	$50,000	$3.00	☐	45 - 49	$25,000	$5.25	☐	$50,000	$10.50	☐
30 - 34	$25,000	$2.00	☐	$50,000	$4.00	☐	50 - 54	$25,000	$8.00	☐	$50,000	$16.00	☐
35 - 39	$25,000	$2.50	☐	$50,000	$5.00	☐	55 - 59	$25,000	$12.00	☐	$50,000	$24.00	☐
40 - 44	$25,000	$3.25	☐	$50,000	$6.50	☐							

☐ Children's coverage - $5,000 per child ($.70) ☐ Children's coverage - $10,000 per child ($1.40)

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

FOR OFFICE USE ONLY Deduction amount for above coverages: ☑ New Coverage ☐ Additional

Basic LTD	Supplemental LTD		Life	
Deduction Amount $	Effective Date NA	1st Payroll Deduction NA	Transmittal Number HRO NA	Consec. Number NA

G-31160-0, G-31161-0

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

As a recent Technician or Title 5 National Guard employee, you are guaranteed acceptance for Group Disability Insurance coverage at no cost to you, for 12 months, if you apply within 31 days of your employment. At the end of this 12 month period, you will be automatically billed for coverage unless you choose to terminate such coverage.

Should you wish to opt out of this Disability benefit please check here ☐

FRAUD NOTICE – *For Residents of all states except those listed below:* 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.

RESIDENTS OF CO: *the following also applies:* Any insurance company or agent who defrauds or attempts to defraud an insured shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

RESIDENTS OF AL/AR/LA/RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

RESIDENTS OF CA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

RESIDENTS OF D.C.: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

RESIDENTS OF FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

RESIDENTS OF KS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law.

RESIDENTS OF ME: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

RESIDENTS OF MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

RESIDENTS OF NJ: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

RESIDENTS OF NY: *For accident and health insurance only,* 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.

RESIDENTS OF OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

RESIDENTS OF PUERTO RICO: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

RESIDENTS OF TN/WA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

RESIDENTS OF VA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may have violated state law.