GEBA BENEFITS

Member Number
(if unknown, leave blank)

Complete this form and send to:
1362 Mellon Road, #100
Hanover, MD 21076
Fax: (410) 846-6420
Email: geba@geba.com
Phone: (410) 657-8060

NEW YORK LIFE

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

$50K Guaranteed Group Term Life Insurance Enrollment Form

General Information:

Applicant's Name (First, MI, Last)

Social Security Number

Gender ☐ Male ☐ Female

Marital Status ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widow/Widower ☐ Single ☐ Separated

Date of Birth (mm/dd/yyyy)

Email Address

Address Line 1

Address Line 2

City

State

Zip Code

Home Phone

Cell Phone

Office Phone

By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have requested or to send information about other GEBA products or services. We will not give your email address to another party to promote their products or services directly to you.

Type of Member:

☐ Active Employee

Agency/Department/Bureau

Hire Date

☐ Retiree or Former Fed with 5+ Years of Service

Agency/Department/Bureau/Branch of Service

Retirement Date

☐ Military

Branch of Service

Hire Date

How Did You Hear About GEBA's Term Life Insurance Plan?

☐ Advertisement
☐ Agency Announcement
☐ Briefing
☐ Brochure
☐ Email/Mailing
☐ GEBA Website
☐ Information Table
☐ Member Services Representative
☐ New Hire Orientation
☐ Internal Agency Site
☐ Seminar
☐ Word of Mouth

GEBA is a not-for-profit federal employee benefit association dedicated to serving current and former Federal Employees, military, and Sponsored Family Members. Membership in GEBA is complimentary and continues as long as you maintain any plan or service.

G-29555-1

GMA-GI

$50K Guaranteed Group Term Life Application

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NEW YORK LIFE INSURANCE COMPANY
51 Madison Avenue, New York, NY 10010

NEW YORK LIFE
The Company You Keep®

Insurance Coverage Request* (Check and Complete all that Apply) - refer to www.GEBA.com/TermLife for eligibility and coverage descriptions

I am age 50 or younger, as defined on page 1 and as such I hereby apply for the following Group Term Life coverage: ☐ $50,000

Residents of New York - IMPORTANT REPLACEMENT INFORMATION: 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 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 decide whether the replacement is in your best interest.

RESIDENTS OF NEW YORK: I have read the Important Replacement Information above.
Is the life insurance applied for intended to replace, in whole or in part, any existing insurance or annuity? ☐ Yes ☐ No

RESIDENTS OF ALL OTHER STATES:
Is the insurance applied for intended to replace, discontinue or change an existing policy? ☐ Yes ☐ No

Payment Options

☐ Payroll Deduction (NSA & DIA Only) ☐ Automatic Debit (Complete the automatic debit section below.)

Automatic Debit Payment Information:

☐ Checking Account (Enclose a voided check) ☐ Savings Account

Bank Name:

Bank Routing Number: Your Account Number:

Beneficiary Designation for Member Coverage

☐ Primary

First Name | MI | Last Name | Relationship | Date of Birth (mm/dd/yyyy) | % of Benefit

Beneficiary Address (Number, Street, City, State, Zip code) | Home Phone | Social Security Number

☐ Primary
☐ Contingent

First Name | MI | Last Name | Relationship | Date of Birth (mm/dd/yyyy) | % of Benefit

Beneficiary Address (Number, Street, City, State, Zip code) | Home Phone | Social Security Number

If additional room is required for beneficiary designation, use a separate sheet of paper.

Please Read Everything Below This Line Before Signing

I hereby apply with New York Life Insurance Company for coverage under the GEBA-endorsed Group Term Life Insurance. I have read and understand the attached Fraud Notice and the conditions and exclusions of the program. I understand my coverage will become effective upon the first day of the month following the administrator's receipt of this enrollment form and my premium payment.

I hereby authorize Government Employees' Benefit Association, Inc. (GEBA) to deduct from my wages or salary should I elect payroll allotment (NSA & DIA Employees Only) the amount of insurance premium, if any, required for all coverage requested. Or I hereby authorize GEBA to debit my checking/savings account according to the published schedule. I understand that GEBA reserves the right, upon written notification, to terminate my participation in this payment option. If an automatic debit is returned for any reason including insufficient funds, closed or unauthorized account, GEBA will not be able to process payment. I understand that I may be subject to a $20 charge if payment is rejected, reversed, or refused by my financial institution. I may cancel participation in the GEBA Automatic Debit service with written notice 10 days prior to the premium due date.

Signature: _____ Date:

Bank Account Holder Signature: _____ Date:
(If different from above)

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: 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.

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: 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.

1/13 ed.