

Initial Request  
 Change Request

## NYU GROUP LIFE INSURANCE ENROLLMENT APPLICATION

For Faculty (Code 102), Professional Research Staff (Code 103), and  
 Administrative and Professional Staff (Code 100)

EMPLOYEE INFORMATION			
Name (Last)	(First)	(M.I.)	Social Security Number
E-mail Address			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ Month Day Year	Date of Employment ____/____/____ Month Day Year	Work Telephone (____) _____-____

GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ELECTION
<p>In accordance with the terms of the Group Life Insurance Policy issued to New York University by The Standard Life Insurance Company of New York. I hereby request the issuance of: (check one)</p> <p><input type="checkbox"/> Only the Basic Schedule of insurance to which I am now entitled or to which I may become entitled at no cost to me.</p> <p><input type="checkbox"/> The Basic Schedule of insurance to which I am entitled at no cost plus the supplemental insurance elected by me. (Please select your option below.)</p> <p style="text-align: center;">Your Beneficiary will be as specified below.</p>

SUPPLEMENTAL GROUP LIFE INSURANCE ELECTION																		
<p>The amount of life insurance under the Supplemental Schedule will be equal to a multiple of your annual wage under one of the following options as elected. The overall maximum amount of insurance under this Supplemental Schedule is \$300,000 if your annual wage is less than \$150,000/year, \$450,000 if your annual wage is greater than \$150,000/year. (Check one option only.)</p> <table style="width: 100%; text-align: center;"> <tr> <td><b>Option 1</b></td> <td><b>Option 2</b></td> <td><b>Option 3</b></td> <td><b>Option 4</b></td> <td><b>Option 5</b></td> <td><b>Option 6</b></td> </tr> <tr> <td>0.5 times</td> <td>1.0 times</td> <td>1.5 times</td> <td>2.0 times</td> <td>2.5 times</td> <td>3.0 times</td> </tr> <tr> <td><input type="checkbox"/> Annual Wage</td> <td><input type="checkbox"/> Annual Wage</td> <td><input type="checkbox"/> Annual Wage</td> <td><input type="checkbox"/> Annual Wage</td> <td><input type="checkbox"/> Annual Wage</td> <td><input type="checkbox"/> Annual Wage</td> </tr> </table>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 4</b>	<b>Option 5</b>	<b>Option 6</b>	0.5 times	1.0 times	1.5 times	2.0 times	2.5 times	3.0 times	<input type="checkbox"/> Annual Wage	<input type="checkbox"/> Annual Wage	<input type="checkbox"/> Annual Wage	<input type="checkbox"/> Annual Wage	<input type="checkbox"/> Annual Wage	<input type="checkbox"/> Annual Wage
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SUPPLEMENTAL GROUP LIFE INSURANCE RATES					
The monthly cost for the supplemental insurance will be determined by the amount elected in accordance with the following schedule and by my attained age as of the January 1 coincident with or following my birthday. Rates are per \$1,000 of insurance.					
Age as of January 1	Rate Per \$1,000	Age as of January 1	Rate Per \$1,000	Age as of January 1	Rate Per \$1,000
Less than 30	0.052	45 - 49	0.223	65 - 69	1.668
30 - 34	0.070	50 - 54	0.374	70 - 74	2.805
35 - 39	0.093	55 - 59	0.616	75 - 79	5.042
40 - 44	0.135	60 - 64	0.984	80 and over	8.418

GROUP LIFE BENEFICIARY DESIGNATION												
<p><b>PRIMARY BENEFICIARY(IES)</b> will receive the benefit in the even of your death. If you name more than one primary beneficiary, they will share the benefit equally.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;"><i>Name</i></td> <td style="width: 30%; text-align: center;"><i>Address</i></td> <td style="width: 30%; text-align: center;"><i>Relationship to You</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p><b>SECONDARY BENEFICIARY(IES)</b> will receive the benefit only if your primary beneficiary(ies) are deceased.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;"><i>Name</i></td> <td style="width: 30%; text-align: center;"><i>Address</i></td> <td style="width: 30%; text-align: center;"><i>Relationship to You</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p><b>Definition of Terms. Unless otherwise provided, these terms have the meanings indicated:</b>          CHILDREN – the children born of any and all marriages and any children legally adopted at any time.          ESTATE – my duly appointed Executors or Administrator.</p>	<i>Name</i>	<i>Address</i>	<i>Relationship to You</i>				<i>Name</i>	<i>Address</i>	<i>Relationship to You</i>			
<i>Name</i>	<i>Address</i>	<i>Relationship to You</i>										
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AUTHORIZATION SIGNATURE
<p>I authorize any payroll deductions based on the election I have made.          I understand that evidence of insurability satisfactory to The Standard will not be required if I enroll in the Supplemental Life Insurance Plan when I am first eligible to participate or if I enroll or increase my Supplemental Life Insurance coverage within 31 days of a qualifying change in status as defined in the Plan. I understand that if I enroll or increase my Supplemental Life Insurance coverage at any other time, my coverage will not be effective until The Standard receives proof that I am in good health and approves the coverage. I designate the beneficiary shown on this form to receive any death benefits which may become payable under the Group Life Insurance Policy.</p> <p>Signature _____          Date _____</p>