

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<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth<br>____/____/____<br>Month Day Year | Date of Employment<br>____/____/____<br>Month Day Year | Work Telephone<br>(____) _____ - _____ |

| 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 Prudential Insurance Company of America. 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 |
| <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 |                 |           |           |           |           |           |           |                                      |                                      |                                      |                                      |                                      |                                      |

| 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<br>January 1  | Rate<br>Per \$1,000 | Age as of<br>January 1 | Rate<br>Per \$1,000 | Age as of<br>January 1 | Rate<br>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><br/>         CHILDREN – the children born of any and all marriages and any children legally adopted at any time.<br/>         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> |                            |  |  |  |             |                |                            |  |  |  |
|  |                |                            |                            |  |  |  |             |                |                            |  |  |  |
| <i>Name</i>  | <i>Address</i> | <i>Relationship to You</i> |                            |  |  |  |             |                |                            |  |  |  |
|  |                |                            |                            |  |  |  |             |                |                            |  |  |  |

| AUTHORIZATION SIGNATURE  |
|--|
| <p>I authorize any payroll deductions based on the election I have made.<br/>           I understand that evidence of insurability satisfactory to Prudential 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 Prudential 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 _____<br/>           Date _____</p> |