

<input type="checkbox"/> Initial Request
<input type="checkbox"/> Change Request

NYU GROUP LIFE INSURANCE ENROLLMENT APPLICATION

For Local 1 Security Officers (Code 107 PRG)

EMPLOYEE INFORMATION			
Name (Last)	(First)	(M.I.)	Social Security Number
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 INSURANCE/ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)/ TOTAL AND PERMANENT DISABILITY BENEFITS (T&P)
Provides \$20,000 of Life and AD&D coverage at no cost to you, with a total and permanent (T&P) disability insurance benefit. To enroll, designate your beneficiary in the space below.

SUPPLEMENTAL GROUP LIFE INSURANCE ELECTION
You may purchase additional Life, AD&D, and T&PD through payroll deduction. To purchase additional coverage in increments of \$5,000, check the box below next to the amount you wish to purchase. (The maximum amount of coverage which you can purchase is \$40,000.) Your beneficiary will be as you specified below (check one).
<input type="checkbox"/> \$ 5,000 Current Payroll Deduction, \$1.50 per month <input type="checkbox"/> \$25,000 Current Payroll Deduction, \$7.50 per month <input type="checkbox"/> \$10,000 Current Payroll Deduction, \$3.00 per month <input type="checkbox"/> \$30,000 Current Payroll Deduction, \$9.00 per month <input type="checkbox"/> \$15,000 Current Payroll Deduction, \$4.50 per month <input type="checkbox"/> \$35,000 Current Payroll Deduction, \$10.50 per month <input type="checkbox"/> \$20,000 Current Payroll Deduction, \$6.00 per month <input type="checkbox"/> \$40,000 Current Payroll Deduction, \$12.00 per month
The schedule and rates shown above are for employees under age 65. For employees age 65 and over the Schedule of Insurance and corresponding costs decrease each year. Contact the Benefits Office if you require a copy of the schedule.

GROUP LIFE BENEFICIARY DESIGNATION						
<p>PRIMARY BENEFICIARY(IES) 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: none;"> <tr> <td style="width: 33%; text-align: center;"><i>Name</i></td> <td style="width: 33%; text-align: center;"><i>Address</i></td> <td style="width: 33%; text-align: center;"><i>Relationship to You</i></td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </table>	<i>Name</i>	<i>Address</i>	<i>Relationship to You</i>			
<i>Name</i>	<i>Address</i>	<i>Relationship to You</i>				
<p>SECONDARY BENEFICIARY(IES) will receive the benefit only if your primary beneficiary(ies) are deceased.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"><i>Name</i></td> <td style="width: 33%; text-align: center;"><i>Address</i></td> <td style="width: 33%; text-align: center;"><i>Relationship to You</i></td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </table>	<i>Name</i>	<i>Address</i>	<i>Relationship to You</i>			
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<p>Definition of Terms. Unless otherwise provided, these terms have the meanings indicated: 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>						

AUTHORIZATION SIGNATURE
I authorize any payroll deductions based on the election I have made.
I understand that evidence of insurability satisfactory to TIAA 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 TIAA 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.
Signature _____
Date _____