

The United States Life Insurance Company in the City of New York

APPLICATION FOR TERM LIFE INSURANCE

Home Office
 (Herein called the Company)
 Administrative Office: P.O. Box 9186, Des Moines, Iowa 50306-9186



1. NYSUT Member's Name _____ NYSUT Member's Social Security # _____

2. Applicant's Name _____

3. I am NYSUT member Spouse Domestic Partner*

4. Applicant's Address _____
Number Street City State Zip Code

5. Name and Address of Applicant's Physician _____

6. Home Phone No. (_____) _____ Work Phone No. (_____) _____

7. Name of Applicant's Beneficiary _____ Relationship _____

Unless otherwise requested, your beneficiary will be your spouse, if living. Otherwise, your beneficiary will be your children, parents, siblings or estate in that order. Unless otherwise requested, the applicant will be the beneficiary for child coverage.

8. Check Life Insurance plan(s) desired: Amount:

Life Insurance for applicant _____ units**

Life Insurance for child(ren)⁺ \$25,000

Please increase my current Term Life Insurance coverage by \$ _____. I understand that to apply for this increase, my answers to the three health questions are usually all that is required, unless my total amount of coverage exceeds \$200,000.

Up to \$1 million in coverage is available, if under age 65. Contact the Plan Administrator for more details and rates.

Unmarried dependent children are eligible for \$25,000 of coverage, subject to state variation. One economical premium covers all eligible dependent children, no matter how many are being covered.

9. Complete the following for the applicant and children⁺ for whom coverage is requested.

Insured	Name	Age	Date of Birth (MM/DD/YR)	Place of Birth	Height		Weight		Sex	
					Ft.	In.	Lbs.		M	F
Applicant					ft.	in.	lbs			
Child					ft.	in.	lbs			
Child					ft.	in.	lbs			

The United States Life Insurance Company in the City of New York

Please answer these brief questions.

Applicant

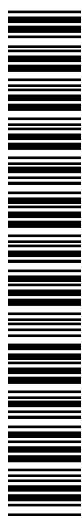
1. Have you ever had, been diagnosed with, or been treated for: chest pain; disease or disorder of the heart, liver, kidneys, blood or lungs; high blood pressure; stroke or other neurological disorder; mental/nervous disorder; drug or alcohol abuse; diabetes; cancer or tumor; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for an immune disorder excluding HIV? Yes No
2. Have you, during the past 5 years, consulted any physician or other practitioner or been confined or treated in any hospital or similar institution, for any reason other than those stated above? Yes No
3. Are you now taking prescription medication or receiving medical attention? Yes No

For "Yes" answers to questions 1-3 above, please provide details in the space provided below. If more space is needed, use a separate sheet of paper, signed and dated. If additional information is attached, check "Yes" in the box at the right Yes No

Question #	Applicant	Condition	Date Occurred	Duration	Degree of Recovery	Name and Address of Physicians, Hospitals or Clinics Consulted

EXISTING AND PENDING INSURANCE SECTION Life Insurance in Force and/or Pending on Proposed Insured's Life, including Business Insurance: (If none, check "None.") None

Name of Company	Type of Coverage	Life Amount	Accidental Death	Year Issued	Do you plan to replace this coverage?	
					Yes	No



The United States Life Insurance Company in the City of New York

AUTHORIZATION AND DECLARATION OF EACH PERSON GIVING A STATEMENT OF INSURABILITY

I hereby authorize any licensed physician, medical practitioner, pharmacy, pharmacy benefit manager and other sources, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institution or person that has any records or knowledge of me or my health, to give to the Company or its reinsurers any such information. Such information will pertain to my employment, or other insurance coverage and medical care, advice, treatment or supplies for any physical or mental condition. This includes information obtained in connection with the preparation or procurement of an investigative consumer report as defined under the Fair Credit Reporting Act(s). To facilitate the rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand that this information will be used by the Company solely to determine eligibility for insurance. I understand that I may revoke this authorization at anytime by giving written notice to the Company. I agree that such revocation will not affect any action, that any source has taken in reliance upon this authorization. I understand this authorization will be valid for 24 months from the effective date of coverage, if not revoked earlier. I know that I should retain a copy of this authorization for my records. I agree that a photocopy of this authorization is as valid as the original. To the best of my knowledge and belief, all statements made above are true and complete. I understand that my application for group insurance will be accepted or declined on the basis of these statements. Insurance will take effect only if a certificate is issued based on this application and the first premium is paid in full (a) during the lifetime of all proposed insureds; and (b) while there is no change in the insurability or health of such person from that stated in the application.

*Dependent Children must be unmarried, up to 23 years of age.

Important Notice: 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 is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **(This warning does not apply to application for life insurance in New York.)**

A copy of this application will be attached to and made a part of your certificate.

Applicant's Signature _____ **Date** _____

G-19430 NY

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Group Policy No. G 233,615 and G-170,468 1/11

AG-8163

Please print or type all information, and answer all questions to avoid processing delays.

Please answer the following:

- Payroll deduction (If choosing this option, return the enclosed "Payroll Deduction Authorization Form" with your application.)
Includes automatic 15 percent discount and complimentary Travel Accident protection.
- Pension deduction (If choosing this option, return the enclosed "Pension Deduction Authorization Form" with your application.)
Includes automatic 15 percent discount and complimentary Travel Accident protection.
- Individual semiannual billing

Applicant's Email Address _____
(for alerts, special notifications and offers)

Please note: Appendix 11 (enclosed) for applicant must be filled out, signed, dated, and returned with the application.

*If applying as a Certified Domestic Partner, please complete the enclosed affidavit.

Your age determines the maximum amount of coverage that you may apply for under the United States Life Term Life Plan. Only those under age 85 may apply. Applicants under age 65 may apply for up to \$1 million (200 units) of insurance [a minimum of \$25,000 (5 units) must be purchased]. Applicants ages 65-69 may apply for \$30,000 (10 units); ages 70-74 may apply for \$20,000 (8 units); ages 75-79 may apply for \$10,000 (4 units); and ages 80-84 may apply for \$5,000 (2 units). Premiums are based on age at date of issue and on anniversary dates. Premium increases when the participant enters a new age bracket. **Note: For ages 18-64, the unit value is \$5,000; for ages 65-69, the unit value is \$3,000; and for ages 70-84 the unit value is \$2,500.

Dependent child(ren) can be insured under the member's insurance or a lawful spouse's (or domestic partner's) insurance, but not both.

United States Life's Term Life Insurance Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 7.61% of earned premiums for this program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The Insurer pools the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Agency fee payers to NYSUT are eligible to participate in NYSUT Member Benefits-endorsed programs.

For Office use only:

NYSUT DB 14212/14214/1009/48774-S
NYSUT PRD 12380/12381/1010/48774
UFT DB 19630/19631/1003/48775-S
UFT PRD 19058/19059/1004/48775
NYSUT DB RET 19048/19049/1011/48774-S
NYSUT PEN RET 18915/18916/1012/48774

ADMINISTRATOR

Marsh U.S. Consumer,
a Service of Seabury & Smith, Inc.
P.O. Box 9186

Des Moines, IA 50306-9186

Our hearing-impaired or voice-impaired members may call the
Relay Line at 1-800-855-2881.

QUESTIONS?

Call: 1-888-386-9788

customerservice@marshpm.com

This Notice must be detached and retained by the applicant

MIB DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. The United States Life Insurance Company in the City of New York or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The United States Life Insurance Company in the City of New York, or its reinsurers, may also release information from its file to other insurance companies to which you may apply for life or health insurance, or to which a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

MIB-19431



Domestic Partnership Declaration

Name of Applicant _____

Name of Domestic Partner _____

The undersigned member and domestic partner, being of sound mind, hereby state the following:

1. That the undersigned member and domestic partner have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations and that this commitment is of at least six months duration and is expected to continue indefinitely.
2. That the undersigned member and domestic partner share a single permanent residence (attach one copy of evidence such as driver's license).
3. That the undersigned member and domestic partner are financially interdependent as demonstrated by at least two of the following (check all that apply and attach copy of evidence):
 - Common ownership of a motor vehicle.
 - Joint bank or credit accounts.
 - Assignment of durable power of attorney in favor of one another.
 - Common ownership of real estate or common leasehold interest in property.
 - Joint ownership or holding of stocks, bonds, or other investments.
 - Execution of will naming each other as executor and/or beneficiary.
 - Designation as beneficiary under the other's retirement or pension benefits account.
4. That the undersigned member and domestic partner (check one):
 - have filed a domestic partner declaration with the (City/Council/Borough) of _____ and that such domestic partner declaration remains in effect (attach copy of declaration).
 - do not reside in a jurisdiction which provides for the registration of domestic partnership declarations.
5. That neither the undersigned member nor domestic partner would be able to affirm questions 1 through 4 above with respect to any person except the other.
6. That neither the undersigned member nor domestic partner has executed or filed a declaration or affidavit of domestic partner status with any other person within the past 12 months.
7. That the undersigned member and domestic partner are each no less than 18 years of age, and are under no legal disability which would prevent them from making this affidavit.
8. That neither the undersigned member nor domestic partner are now, or have been within the past six months, married to any other person, including common law marriage.
9. That the undersigned member and domestic partner are not related by blood in any degree which would prevent their marriage to each other.

The undersigned member and domestic partner represent that the statements made herein are true and correct to the best of their knowledge, information and belief. Member and domestic partner understand that these statements are given for the purpose of establishing their eligibility and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the domestic partner for coverage under such policy, and in the voiding of such coverage. The member and domestic partner agree to furnish upon the Company's request evidence to substantiate any statement made herein, and that the Company may require the member and/or domestic partner, if living, to reaffirm all statements made herein periodically and/or when a claim is submitted. In the event any coverage is voided due to any misrepresentation herein, the Company's liability shall be limited to a return of any premiums paid on behalf of the domestic partner for any period of ineligibility.

Applicant's Signature _____ **Date** _____

Soc. Sec. No. _____

Domestic Partner's Signature _____ **Date** _____

Soc. Sec. No. _____

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DEFINITION OF REPLACEMENT

Important Instructions

1. One copy of this “Definition of Replacement (Appendix 11)” form is included with your application. In accordance with the Insurance Department of the State of New York’s Regulation 60, **this completed, signed and dated Appendix 11 form must be returned with your completed application even if you indicate “None” in the Existing and Pending Insurance section on your application.** Your application for life insurance coverage cannot be processed without this completed, signed and dated form.
2. If you answer “Yes” to any of the questions on this Appendix 11 form, in accordance with the Insurance Department of the State of New York’s Regulation 60, the “Important Notice Regarding Replacement OR Change Of Life Insurance Policies Or Annuity Contracts (Appendix 10C)” form will be sent to you for your review. **The Appendix 10C form must be signed, dated and returned, acknowledging you have read and received that notice.**
3. Should you have any questions, please contact the plan administrator. A Certificate of Insurance can not be issued until Appendix 11 and Appendix 10C, if applicable, are completed, signed, dated and returned.

The United States Life Insurance Company in the City of New York

APPENDIX 11: INSURANCE DEPARTMENT OF THE STATE OF NEW YORK DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINED WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, PLEASE ANSWER THE FOLLOWING QUESTIONS.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

(1) Lapsed, surrendered, partially surrendered, forfeited, assigned to the Insurer replacing the life insurance policy or annuity contract, or otherwise terminated?

Yes No

(2) Changed or Modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits; dividend accumulations, dividend cash values or other cash values?

Yes No

Please continue this form on the reverse side



(3) Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force?
 Yes No

(4) Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies?
 Yes No

(5) Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?
 Yes No

(6) Continued with a stoppage of premium payments or reduction in the amount of premium paid?
 Yes No

The United States Life Insurance Company in the City of New York

If you answered "Yes" to any of the above questions, a replacement as defined by New York Insurance Department Regulation No. 60 has occurred or is likely to occur and you will be provided with the Important Notice Regarding Replacement OR Change Of Life Insurance Policies or Annuity Contracts (Appendix 10C) form.

_____/_____/_____
Applicant's Signature and Printed Name Date

Please list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

<u>INSURER NAME</u>	<u>CONTRACT OR POLICY #</u>	<u>INSURED OR ANNUITANT</u>	<u>REPLACED (R) OR FINANCING (F)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Be sure that you are making an informed decision. Contact your existing company or its agent for more information about the old policy or contract. If you request one, an inforce illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. (A fee may be charged for your inforce illustration.)



Term Life Insurance Plan

For All Stages of Life...

If you're young and embarking on an exciting career, settled with a growing family, or retired and enjoying your leisure, life insurance can put your mind to rest about the financial risks that can come at any time. You may be paying off college loans and don't want to leave a financial burden in case of your unexpected death. Or maybe you're starting a new family; purchasing a first home; or buying a boat, camper or vacation property; and you want to make sure you don't leave your bills to your loved ones. Once you retire, you may want to leave something for the kids, your alma mater, or you may simply want enough to pay off any lingering bills in the event of your death.

The NYSUT Member Benefits Trust-endorsed Term Life Insurance Plan can help at any stage of your life. The plan provides coverage through age 84, so there is no need to look for replacement coverage just when your health may be starting to fail. Keep your coverage until you turn age 85.

How many months would your family last on your current life insurance?

Don't gamble with your family's future.

Sufficient life insurance is a smart solution to help assure their financial security. Why not get it the easy, economical way with the Member Benefits-endorsed Term Life Insurance Plan with Accelerated Benefits?

Today you and/or your lawful spouse or certified domestic partner have the opportunity to purchase up to \$1 million of life insurance coverage under this plan, if under age 65. Up to \$25,000 is available for each of your eligible children, subject to state variation.

The Plan Features Accelerated Benefits

Your certificate provides an Accelerated Benefits provision for insureds under age 70. With the Accelerated Benefits Provision, you can decide to receive up to 60 percent of your life insurance benefit before death if you are diagnosed as terminally ill with less than 12 months to live. These Accelerated Benefits may prove to be essential to pay for final medical costs, or to maintain the financial security of your family during a terminal illness.

The Convenience of Payroll/Pension Deduction

If your local association has made arrangements for payroll deduction of Member Benefits-endorsed programs, you and your lawful spouse or certified domestic partner both qualify for this convenient way to pay your premiums. Likewise, if you are retired and are collecting a monthly pension benefit from NYSTRS, NYSERS, NYCTRS or NYCBERS, or if you are receiving income from a monthly lifetime annuity payment from TIAA-CREF, you and your lawful spouse or certified domestic partner qualify for the convenience of pension deduction. Premiums will automatically be deducted from the NYSUT member's paychecks over 20 or 26 pay periods or from 12 monthly pension benefits. No checks to write ... no payments to remember. Everything is handled automatically for you.

When you retire, your coverage will be put on direct semiannual bill until your retirement system can begin pension deduction. While you are on direct bill awaiting the start of pension deduction, the payroll deduction discounted premium rate will continue for two billing cycles. Pension deduction is always made in 12 equal payments.

Special payroll and pension deduction features include a 15 percent discount on your premiums, and you will automatically receive no-cost travel accident insurance. You will receive Travel Accidental Death and Dismemberment Insurance benefits up to a maximum of \$100,000, with an additional \$25,000 of AD&D benefits to cover any physical assault while you are involved in an employment-related activity ... all at no extra cost to you.

Details are outlined in these materials. Please take a few minutes to read them thoroughly.

Important questions and answers about the Member Benefits-endorsed Term Life Insurance Plan with Accelerated Benefits

Q: How do Accelerated Benefits work?

A: Should you or your insured lawful spouse or certified domestic partner be under age 70 and diagnosed as terminally ill (with a life expectancy of 12 months or less), you are eligible to receive up to 60 percent of your life insurance benefit before death. This can be used to help pay medical costs or help maintain financial security during a difficult time.

The minimum benefit is the lesser of \$50,000 or 25 percent of your life insurance amount. The maximum benefit is the lesser of \$250,000 or 60 percent of your life insurance amount. The remainder of your benefit will be payable to your beneficiary after death. (Children's coverage and coverage for those over age 70 do not include this Accelerated Benefits provision).

There is no added cost for this provision. Full details of this benefit are outlined in your Certificate of Insurance. Receipt of Accelerated Benefits may be taxable. Consult your personal tax consultant for details. To request this benefit you must notify the Insurance Company in writing and submit proof of the terminal illness.

Q: What are the renewability features?

A: Your coverage cannot be cancelled as long as you are under age 85, maintain NYSUT membership or remain the lawful spouse or certified domestic partner of a NYSUT member, pay your premiums when due and the Member Benefits Group Policy remains in force.

Q: What are my conversion rights?

A: If coverage ends for a reason other than nonpayment of premiums, you may convert that coverage amount at any time prior to age 85 for a permanent individual life insurance policy offered by the Insurance Company. You do not need to furnish evidence of good health. Your new policy may be for a like or lesser amount of coverage in force on the date of conversion. Your dependent children are guaranteed conversion when they reach age 23.

Q: What about coverage for my lawful spouse or certified domestic partner and children?

A: Your lawful spouse or certified domestic partner under age 85 may apply for insurance. Applicants under age 65 may apply for up to \$1 million in coverage. Each unmarried, dependent child age 15 days to age 23 is eligible for \$25,000 of coverage, subject to state variation. Just one low premium covers all your children! Child coverage may be included in either your certificate or your lawful spouse's or certified domestic partner's, but not both. Certified domestic partners should contact the Plan Administrator for an affidavit to prove certification.

Note: A person who is eligible to apply as a member is not eligible to apply as a lawful spouse or domestic partner, i.e., in situations where a NYSUT member's lawful spouse is also a NYSUT member, they may each apply for \$1 million in coverage, but one could not apply for \$1 million as a member and another \$1 million as a lawful spouse of a member.

Q: If I use Payroll or Pension Deduction, how much can I save on premium rates?

A: By choosing to pay premiums through payroll or pension deduction, you can take advantage of rates that are discounted by 15 percent.

Q: If I use Payroll/Pension Deduction, what type of accident coverage do I receive?

A: If you purchase this plan via payroll/pension deduction, you will receive, at no cost to you, Travel Accidental Death and Dismemberment (AD&D) Insurance benefits equal to the amount of your life insurance you select under payroll/pension deduction – up to a maximum of \$100,000. Benefits will be paid for a loss that occurs while riding in or entering/exiting from any land or water public conveyance or when traveling as a fare-paying passenger on any scheduled licensed airline flight. An additional \$25,000 of AD&D benefits is included for a covered physical assault while you are engaged in an employment-related activity.

These benefits are subject to limitations and exclusions described in these materials. This coverage will end if the group policy ends, if premium is not paid by the policyholder, or if insurance ends under the life insurance plan.

Q: If I use Payroll Deduction, what happens to my Payroll Deduction life insurance when I retire?

A: As long as you retain your NYSUT membership as a retiree or remain the lawful spouse or certified domestic partner of a NYSUT member, you can maintain your life insurance coverage. Your premium will be transferred from payroll deduction to individual billing on a semiannual basis. Once you start to receive monthly pension benefits, you can change your payment option to pension deduction. While on individual billing awaiting the start of pension deduction, the payroll deduction discounted premium rate will continue for two billing cycles.

Q: If I use Payroll Deduction, can I keep my life insurance coverage if I change employers and my new employer does not offer payroll deduction?

A: Yes! Your payment option will change to individual billing on a semiannual basis. Remember, you must also retain your NYSUT membership or remain the lawful spouse or certified domestic partner or a NYSUT member to maintain your life insurance coverage.

Q: Are there any exclusions?

A: Your Term Life insurance is payable in the event of death from any cause, at any time, in any place, except for suicide within two years of the effective date of your



certificate or within two years from effective date of an increase in your benefit amount. Misrepresentation may invalidate coverage within the first two years from effective date of your certificate or within two years from effective date of an increase in your benefit amount.

Exclusions for the Accelerated Benefits provision are: terminal illness that is the result of an intentional self-inflicted injury or attempted suicide; if you have made an absolute assignment of your life insurance under the policy; all or part of your life insurance is to be paid to your child(ren) or former spouse as part of a court-approved divorce agreement; or written consent is not received from the beneficiary.

Accidental Death and Dismemberment Insurance, provided with the payroll/pension deduction payment option, has a list of exclusions. No benefits will be paid for any loss that results from or is caused directly, indirectly, wholly or partly by:

1. Suicide; or intentionally self-inflicted injury;
2. Insurrection; war or any act of war;
3. A physical or mental sickness, or treatment of that sickness;
4. Voluntary intake of poison, drugs, gas or fumes, unless take as prescribed by a physician;
5. Committing a crime, or an attempt to do so;
6. Being intoxicated or under the influence of any drug, unless taken as prescribed by a physician;
7. Riding as a passenger or otherwise, in any vehicle or device for aerial navigation, except as provided under the "Description of Hazards" in the Schedule of Benefits.

Q: May I return my Certificate if I'm not satisfied?

A: Of course. If after receiving your Certificate you are not pleased 100 percent with the terms of your new coverage, simply return it to the Plan Administrator within 30 days and any money you've paid or had deducted from your paycheck or pension benefit will be refunded in full – no questions asked! **Your satisfaction is assured.**

Two Methods of Premium Payment ... Payroll/Pension Deduction or Individual Billing

If payroll/pension deduction for NYSUT Member Benefits-endorsed programs is available to you and you choose this as your payment option, please follow the instructions and the rates in the payroll/pension deduction section below.

If Member Benefits payroll/pension deduction is not available to you, individual billing on a semiannual basis is available. Please follow the instructions and rates in the individual billing section.

Payroll/Pension Deduction

SEND NO MONEY. To determine what your approximate deduction amount will be: Multiply the deduction amount for your age bracket and deduction schedule by the number of units desired (e.g., for \$100,000 at age 39 with 20 deductions, multiply \$0.14 by 20 units = \$2.80). If you are applying for child coverage, just add \$1.70 (for 12 deductions), \$1.03 (for 20 deductions) or \$0.79 (for 26 deductions) to your payroll/pension deduction amount. (\$0.79, \$1.03 or \$1.70 covers all your dependent children no matter how many.)

Your lawful spouse or certified domestic partner qualifies for payroll/pension deduction through your payroll/pension check. The Payroll or Pension Deduction Authorization Form must be completed by the NYSUT *member* and returned with the spouse's or certified domestic partner's application.

Approximate Payroll/Pension Deduction Amount Rates effective 9/1/2010				
Applicant's Age	Life Insurance Per Unit*	Rates Based on 26 Payroll Deductions (UUP, PSC-CUNY)	Rates Based on 20 Payroll Deductions (NYSUT, UFT)	Rates Based on 12 Pension Deductions
Under 30	\$5,000	\$0.08	\$0.10	\$0.17
30-34	\$5,000	\$0.09	\$0.12	\$0.20
35-39	\$5,000	\$0.11	\$0.14	\$0.23
40-44	\$5,000	\$0.16	\$0.20	\$0.34
45-49	\$5,000	\$0.25	\$0.32	\$0.53
50-54	\$5,000	\$0.36	\$0.46	\$0.76
55-59	\$5,000	\$0.56	\$0.72	\$1.20
60-64	\$5,000	\$0.97	\$1.26	\$2.10
65-69	\$3,000	\$0.95	\$1.23	\$2.05
70-74	\$2,500	NA	NA	\$3.40
75-79	\$2,500	NA	NA	\$5.69
80-84	\$2,500	NA	NA	\$9.80
Children	N/A+	\$0.79	\$1.03	\$1.70

Please note: Payroll and pension deduction amounts are approximate due to rounding.

Individual Billing

Send no money now. You will be billed later. To determine what your semiannual premium will be: Multiply the semiannual premium for your age bracket by the number of units desired (e.g., for \$100,000 at age 39, multiply \$1.62 by 20 units = \$32.40). If you are applying for child coverage, just add \$12.05 to your semiannual premium. (\$12.05 covers all your dependent children no matter how many.)

Semiannual Premium Rates Rates effective 9/1/2010

Applicant's Age	Life Insurance Per Unit*	Semiannual Direct Bill
Under 30	\$5,000	\$1.15
30-34	\$5,000	\$1.39
35-39	\$5,000	\$1.62
40-44	\$5,000	\$2.36
45-49	\$5,000	\$3.72
50-54	\$5,000	\$5.37
55-59	\$5,000	\$8.43
60-64	\$5,000	\$14.80
65-69	\$3,000	\$14.43
70-74	\$2,500	\$24.00
75-79	\$2,500	\$40.00
80-84	\$2,500	\$69.00
Children	N/A+	\$12.05

*Your age determines the maximum amount of coverage you may apply for under the United States Life Term Life Plan. Only those under age 85 may apply. Applicants under age 65 may apply for up to \$1 million (200 units) of insurance [a minimum of \$25,000 (5 units) must be purchased]. Applicants ages 65-69 may apply for \$30,000 (10 units); ages 70-74 may apply for \$20,000 (8 units); ages 75-79 may apply for \$10,000 (4 units); and ages 80-84 may apply for \$5,000 (2 units). Premiums are based on age at date of issue and on anniversary dates. Premiums increase when the participant enters a new age bracket.

Please note: Under age 65, the value of each life insurance unit is \$5,000. For ages 65-69, the value of each life insurance unit reduces to \$3,000; and for ages 70-84, each life insurance unit reduces to \$2,500. Coverage reduces by 40 percent on the billing anniversary date that coincides with or next follows the date the insured attains age 65. Coverage reductions at age 70 depend upon the coverage amount in force at age 69. Benefit amounts of \$20,000 or more will reduce to \$20,000 at age 70, \$10,000 at age 75, and \$5,000 at age 80. For those with lesser amounts of existing term life insurance benefits: Benefit amounts of \$10,000 to \$19,999 will reduce to \$10,000 at age 70, \$5,000 at age 75, and \$2,500 at age 80. Benefit amounts of less than \$10,000 at age 70 will continue until equal to or less than the standard age bracket amounts of \$5,000 at age 75 and \$2,500 at age 80. Coverage terminates at age 85.

If the total amount applied for, plus existing Member Benefits-endorsed Term Life Insurance Plan coverage, equals or exceeds \$200,000, and in certain circumstances, a medical examination is required. Along with the medical exam, additional medical information will be required for applicants ages 65 and over.

+Child premium rate is for a total benefit of \$25,000 per covered child, subject to state variation.

Any way you pay, you'll save money ... with economical rates!

Why Term Insurance?

Term insurance offers an important advantage over permanent life insurance ... cost! The premium for a term policy is typically less than permanent life insurance.

Why? Because term life insurance does not offer cash, loan, or retirement income values. It provides "pure" insurance protection during the period your spouse and children depend heavily on your income.

Survivor Financial Counseling Service™

This plan provides financial guidance upon your death to a surviving spouse or domestic partner, or to you in the event that you have been diagnosed as terminally ill with a life expectancy of 12 months or less.

This no-cost-to-you benefit offers objective, professional, confidential financial advice from Ernst & Young LLP, financial planners, who neither sell nor have marketing arrangements to recommend financial products or services.

Upon receipt of a death claim, a notice will be sent to your Estate offering this free service to your surviving spouse or certified domestic partner.

Applying for the Member Benefits- endorsed Term Life Insurance Plan is easy ...

Who May Apply?

NYSUT members (excluding associate members – friends of education), agency fee payers, and their lawful spouses or certified domestic partners under age 85 may apply for Member Benefits-endorsed Term Life Insurance. Each applicant must complete a separate application, which will be individually underwritten. Certified domestic partners must contact the Plan Administrator for an affidavit, which must accompany their application. If the total amount applied for, plus existing Member Benefits-endorsed Term Life Insurance Plan coverage, equals or exceeds \$200,000, and in certain circumstances, a medical examination is required. Along with the medical exam, additional medical information will be required for applicants ages 65 and over. If additional information is needed, you will be contacted by the underwriting company. **Do not cancel any other life insurance until after you are accepted into this program.**



In-service members must be actively at work when insurance is to take effect. If not, insurance will take effect on the day the member returns to work. Lawful spouses and retired members must be able to perform the normal activities (as defined by the policy) of a person of like age, sex, or retired status on the date insurance is to take effect. If not, the insurance will take effect on the day one resumes such activities.

If you are also applying for dependent coverage and the dependent is hospitalized on the date his or her insurance is to take effect, it will take effect on the day after he or she is discharged.

Up to \$1 Million Available ... at an Economical Price!

With this plan, you and your family have access to up to \$1 million of term life protection, if under age 65. The plan's past claims experience has been favorable. Member Benefits has succeeded in ensuring that you benefit from this experience by negotiating economical term life premiums for all age brackets listed in these materials.

How to Apply

1. Complete, date and sign the application.
2. Be sure to indicate the number of life insurance units you desire.
3. **If you choose payroll/pension deduction**, simply complete the enclosed application and mail it along with the appropriate deduction authorization form to the Plan Administrator. Your lawful spouse (or certified domestic partner) also qualifies for payroll deduction through your paycheck or pension deduction through your monthly pension benefit.

If you choose individual billing, simply complete the enclosed application and mail it to the Plan Administrator.

Either way, send no money now; you will be billed later.

4. Mail your application, one copy of Appendix 11 (and the appropriate deduction authorization form, if applicable) to:

Marsh U.S. Consumer Insurance Plans Administrator
P.O. Box 9186
Des Moines, IA 50306-9186

Take advantage of this valuable opportunity now.

Complete the enclosed application. If you are choosing payroll or pension deduction as your payment option, also complete the appropriate deduction authorization form. Or if you would rather choose individual billing, send no money now. Once your application has been approved, a bill will be mailed to you.

Your satisfaction is assured!

Plan Administrator: MARSH

P.O. Box 9186
Des Moines, IA 50306-9186
Call Toll-Free: 1-888-386-9788

AR Ins. Lic. #245544
CA Ins. Lic. #0633005
d/b/a in CA Seabury & Smith Insurance Program
Management

NYSUT MEMBER BENEFITS TRUST DISCLOSURE NOTICE

United States Life's Term Life Insurance Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 7.61% earned premiums for this program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The Insurer pools the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Agency fee payers to NYSUT are eligible to participate in NYSUT Member Benefits endorsed programs.

Underwritten By:

The United States Life Insurance Company in the City of New York

This is a brief description of coverage underwritten by The United States Life Insurance Company in the City of New York, and is subject to the terms, conditions, exclusions and limitations of Group Policy Nos. G-233, 615, and G-170,468, Form No. G-19000. Please see your Certificate of Insurance for details.

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by the United State Life Insurance Company in the City of New York are its responsibility.

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NYSUT MEMBER BENEFITS PAYROLL DEDUCTION AUTHORIZATION



(Please Print)

Member's Last Name _____ First Name _____ Middle Initial _____ Member's Social Security No. _____
 ()

Street Address _____ City _____ State _____ Zip _____ Home Telephone No. _____

Please check your union membership affiliation:

- UFT UUP PSC/CUNY* All other NYSUT Locals

***This authorization form cannot be used to authorize deductions for PSC-CUNY Welfare Fund Benefits.**

The amount of deduction will be determined by the NYSUT Member Benefits Trust based on the programs chosen.

To the Employer: I hereby authorize you to deduct from each of my salary checks the deduction necessary for the purpose of the NYSUT Member Benefits. Depending on the program deductions are taken for, monies will be forwarded to either NYSUT Member Benefits Trust or NYSUT Member Benefits Corporation, which are entities under the NYSUT Member Benefits umbrella. I understand that this authorization may be revoked at any time by written notice to you.

Signature of Employee _____ Date _____

NYSUT Member Benefits - 800 Troy-Schenectady Road, Latham, NY 12110-2455

CUT HERE

NYSUT MEMBER BENEFITS PENSION DEDUCTION AUTHORIZATION



(Please Print)

Last Name _____ First _____ Initial _____

Address _____

Home Telephone No. () _____

Social Sec. No. _____ Authorization is for _____
 (name of plan)

Retirement/Pension Number for NYSERS and TIAA-CREF Participants:

If you belong to NYS Employees' Retirement System, please enter your retirement/pension number below. If you are a TIAA-CREF annuitant, please enter your TIAA contract number and CREF certificate number below.

Read statements below. Signature and date are required.

NYSUT MEMBER BENEFITS - 800 Troy-Schenectady Road, Latham, NY 12110-2455

CHECK ONE BOX ONLY – SIGN AND DATE BELOW

- | | | |
|--|--|---|
| <p><input type="checkbox"/> I belong to the Teachers' Retirement System of the CITY of New York (TRS) and I hereby request a monthly withholding of deductions from my monthly benefit for the purchase of union-sponsored benefits as permitted by Chapter 248, Laws of 1994. The TRS is authorized to continue taking such deductions until NYSUT Member Benefits Trust receives written notice from me to the contrary.</p> <p><input type="checkbox"/> I belong to the New York City Board of Education Retirement Systems (BERS).</p> <p><input type="checkbox"/> I belong to the NYSUT Staff Pension Program.</p> | <p><input type="checkbox"/> I belong to the New York STATE Teachers' Retirement System (NYSTRS), or</p> <p><input type="checkbox"/> New York STATE Employees' Retirement System (NYSERS) and I hereby request monthly withholding of union deductions from my monthly benefits as permitted by Section 536 of the Education Law and Section 110-C of the Retirement Social Security Law. NYSTRS or NYSERS is authorized to continue taking such deduction until NYSUT Member Benefits Trust receives written notice from me to the contrary.</p> | <p><input type="checkbox"/> I am a TIAA and/or CREF annuitant and hereby request a monthly withholding of deductions from my monthly TIAA and/or CREF income for the purchase of coverages provided through NYSUT Member Benefits' Pension Advantage program. TIAA-CREF is authorized to continue taking such deductions until Member Benefits receives written notice from me to the contrary. If at any time the total deductions equal or exceed my combined monthly income payments from TIAA-CREF, all deductions I have authorized TIAA-CREF to take on my behalf will terminate immediately.</p> |
|--|--|---|

I expressly acknowledge and understand that NYSUT Member Benefits Trust will determine the exact deduction to be withheld monthly and that any questions regarding the amount will be directed by me to Member Benefits. Depending on the program deductions are taken for, monies will be forwarded to either NYSUT Member Benefit Trust or NYSUT Member Benefits Corporation, which are entities under the NYSUT Member Benefits umbrella. I hereby certify to TRS, NYSTRS, NYSERS or TIAA-CREF that I am a member of NYSUT, an employee organization entitled to receive union deduction payments as providers by law.

Signature _____ Date _____

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