

# CSEA GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN APPLICATION

**To Apply, Please Complete and Return to:**  
**CSEA Member Benefits**  
**1108 O Street, Suite 303**  
**Sacramento, CA 95814**

**SEND NO MONEY NOW!**



California State Employees Association  
Group Accidental Death and  
Dismemberment Insurance Plan  
Request for Group Insurance from  
New York Life Insurance Co.  
51 Madison Ave., New York, NY 10010

Please print in INK. Do not erase or use correction fluid. To correct, cross out and initial/date changes. Answer all questions, then sign the Agreement and Authorization below.

## 1. Member Information

1. Member Name:

2. Street Address:

3. City:  State:  Zip:

4. Date of Birth:  /  /  5. Daytime Phone #: (  )  -  6. Member Number:

7. Social Security Number:  -  -

8. Member Affiliate (Association Membership is required for participation in this plan.):

9. Beneficiary Designation: I hereby make the following beneficiary designation with respect to all the insurance on my life under the Group Accidental Death and Dismemberment Insurance Plan that I select. If I am already covered under the plan, I hereby revoke any prior beneficiary designation. For multiple beneficiaries, contact the Administrator.

Beneficiary Name:

Social Security Number:  -  -  Relation to Member:

## 2. Insurance Requested

**YES**, please enroll me in the selected **Accidental Death & Dismemberment Insurance Plan**.

**Choose your level - fill in one circle (Monthly rates shown):**

\$500,000.00 Cash Benefit:     Member Only: \$25.00     Family Plan: \$35.00

\$300,000.00 Cash Benefit:     Member Only: \$15.00     Family Plan: \$21.00

\$100,000.00 Cash Benefit:     Member Only: \$5.00     Family Plan: \$7.00

**If Family Plan selected above, please complete the following:**

Spouse Name:  Date of Birth:  /  /

Child Name:  Date of Birth:  /  /

## 3. Agreement and Authorization

Monthly payments will be deducted from my bank account through automatic payment (ACH).

Bank Name:

Bank Routing Number:

Bank Account Number:

Please provide a voided check for processing.

**Retain a photocopy of this application for your records and return the original to:**  
**MEMBER BENEFITS, 1108 O STREET, SUITE 303, SACRAMENTO, CA 95814**

### 3. Agreement and Authorization (continued)

I hereby enroll for Group Accidental Death and Dismemberment coverage offered through the California State Employees Association (CSEA) Endorsed Insurance Program provided by New York Life Insurance Company. I authorize the Administrator to initiate debit entries for my regular payment. I understand my payment will be processed on or after the premium due date and will continue to be deducted from my account unless I notify the Administrator otherwise in writing or my coverage ends. I am a CSEA Association Partnership Program Member in good standing and I am a permanent employee currently working at least 20 hours per week. I understand that coverage will be effective on the first of the month following payment and receipt of my Application by New York Life Insurance Company. I have read the Fraud Notice.

#### Fraud 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 may be a crime and may subject such person to criminal and civil penalties.

**X**

Member Signature

**X**

/  /   
Date (MM/DD/YYYY)

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Licensed agent of record number 0155705

G-29148-0

ed: 10/11

**Retain a photocopy of this application for your records and return the original to:  
MEMBER BENEFITS, 1108 O STREET, SUITE 303, SACRAMENTO, CA 95814**

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3-ADD\_ACT-1-10/30/50M

## **CSEA Endorsed Insurance Program: Accidental Death & Dismemberment**

### Overview:

**You're GUARANTEED up to \$500,000.00 in Benefits – if you actively work.**

Even if you follow safety measures on the job, at home or when you travel, you run a risk of being in accidents. As a matter of fact, accidents are one of the leading causes of death in our nation, according to the National Safety Council<sup>1</sup>.

Today, you can help protect your family with the valuable CSEA Endorsed Group Accidental Death and Dismemberment Insurance Plan:

- **If you actively work:** Pays up to a \$500,000.00 one-time payment in the event of death or specified injury resulting from a covered accident.
- Pays an additional benefit of \$10,000.00 if you or covered family members die in a fatal auto accident while wearing a seat belt.
- Pays up to \$3,000.00 education benefits for your covered spouse to advance his/her education if you die.
- Pays up to \$2,500.00 each year for your eligible children to attend college if you die.
- Pays benefits for covered accidents such as car accidents, work and home accidents, drowning, falls, electrical accidents, boating mishaps and more (See Certificate of Insurance for details).
- Protects you anywhere, anytime for covered accidents (Subject to U.S. government regulations on restricted countries).
- Covers you as passenger in a commercial airplane, train or bus.
- Pays in addition to any other insurance.
- Cash for your family to spend as needed – and get back on their feet.

If you have any questions regarding these benefits, please call 1-800-952-5283 or 916-326-4283.

<sup>1</sup> National Safety Council, Injury Facts 2011

### Benefits:

**Accept the CSEA Endorsed Group Accidental Death and Dismemberment Insurance Plan TODAY** 24-hour, Worldwide\* Coverage – benefits up to \$500,000.00 if you actively work. And you're guaranteed benefits as a CSEA Association Partnership Program Member under age 80. No physical exam or health questions.

\*Subject to U.S. government regulations on restricted countries.

**Pays up to \$10,000.00 EXTRA for seat belts!** The CSEA Endorsed Accidental Death and Dismemberment Insurance Plan pays up to an additional \$10,000.00 (or 10% of your principal benefit, whichever is less) if you or a dependent die in an auto accident while wearing a seat belt. This extra benefit is paid in addition to any other benefit. The seat belt usage must be verified by an accident report, a doctor, coroner, traffic officer or other authority.

## Guaranteed Acceptance

- **Guaranteed to You if You Work Just 20 Hours a Week**  
You're guaranteed benefits as long as you are a CSEA Association Partnership Program member, are a permanent employee and work at least 20 hours a week.

**Protects Your Family, Too.** This CSEA Endorsed Group Accidental Death and Dismemberment Insurance Plan is also available when you enroll for your lawful married spouse or domestic partner (call administrator for details) and your dependent children under age 19 (26 if full-time students at an accredited school or college) – guaranteed regardless of health. Newborn children are automatically covered at birth.

When you choose family coverage, benefits for all covered family members are based on the amount of coverage you select as follows:

- Your spouse is covered for 40% of your chosen benefit (original principal sum)
- Your child(ren) is covered with a benefit equal to 10% of your member benefit
- If there are no covered children, your spouse's coverage will be 50% of your chosen benefit (original principal sum)

Your spouse, your children, your parents, your siblings, or your estate will automatically be the beneficiary for your CSEA Association Partnership Program protection. However, you may change your beneficiary at any time by notifying the CSEA Endorsed Insurance Program Administrator in writing. You are the beneficiary for your dependent's coverage.

## Benefits to Help Pay Tuition and MORE!

If you die in a covered accident:

- Your spouse qualifies for an extra \$3,000.00 benefit in the event of insured member's death to help pay tuition at any licensed professional or trade school, within 30 months following the date of death, for the purpose of obtaining an independent source of income.
- Your eligible child in the 12th grade or enrolled full-time in college or a vocational or trade school at the time of your accidental death will receive 2% of the amount of your coverage (up to \$2,500.00) for each year of school attendance, for up to four consecutive years, except that: The benefit will end if the insured dependent ceases to be a full-time student.
- Your dependent family's coverage stays in force if you die – and they make NO premium payments for 12 months if your death is due to a covered loss.

**Your Benefits Automatically Increase – RATES STAY THE SAME!** The amount of your coverage (but not your dependents') increases automatically as a protection against inflation with no additional premium cost. The increase will be 5% every two years, up to a maximum of 25%. This means that at the end of ten years you will have an extra 25% in benefits with no increase in premium cost.

**Pays you directly!** Because accidental deaths and disabling injuries result in special needs and high medical bills, the CSEA Association Partnership Plan provides you with "quick cash" benefits to cover these expenses. You or your family members will collect the following benefits based on your loss.

When covered injury results in a loss within 12 months after the date of an accident, benefits are payable. Certain losses are payable at 100% of the selected benefit and other losses are payable as shown:

<b>Benefits for Specific Loss</b>	<b>Coverage</b>
Life; two hands or feet; sight of both eyes; one hand and one foot; one hand or foot and sight of one eye; speech and hearing;	100% of Principal Sum
One hand, one foot or sight of one eye; speech or hearing	50% of Principal Sum
Loss of thumb and index finger on one hand	25% of Principal Sum

If you suffer multiple losses due to the same accident, only one benefit amount, whichever is greater, is payable. Loss is defined as the complete severance of the hand or foot at or above the wrist or ankle joint, total and irrecoverable loss of entire sight, speech or hearing, and severance of two or more entire digits of both the thumb and index finger. To receive benefits, loss must be independent of sickness and other causes.

### **You're Under No Obligation**

If you decide the CSEA Endorsed Accidental Death and Dismemberment Insurance Plan isn't for you, just let us know in the first 30 days. We'll promptly refund your premiums ... no questions. No obligation.

### Rates:

### **Take Advantage of your CSEA Association Partnership Program Member-Only Rates**

### **Current 2011 Monthly Premiums for Members Actively At Work (Working 20+ hours/week)**

<b>Benefit Amount</b>	<b>Actively-working Member Only</b>	<b>Actively-working Member &amp; Family</b>
\$100,000.00	\$5.00	\$7.00
\$300,000.00	\$15.00	\$21.00
\$500,000.00	\$25.00	\$35.00

Rates may be changed on a class-wide basis.

Premiums for this plan will be billed monthly and are deducted through ACH. Premiums are subject to change by agreement between New York Life Insurance Company and CSEA, but not more than twice in any twelve-month period. You can't be canceled or singled out for a premium increase due to a change in your health or job. Your rates may only be increased if they are increased for all others in your insurance class (a class is a group of people with the same age or gender). Your coverage will continue as long as you pay your premiums on time, you remain a CSEA Association Partnership Program member in good standing and the Master Policy remains in force. Your coverage will terminate at age 80 or on the earliest of the following dates: The date the policy is terminated; or the premium due date on or next following the date you are no longer an eligible person or fail to pay the premium. Your spouse's coverage ends when yours does or when he or she is no longer eligible as defined in your Certificate of Insurance.

FAQs:**Should I have accident protection if I carry life insurance?**

A. Accidents rank as one of the top causes of deaths in our country, according to the National Safety Council. It makes sense to add extra protection for accidental deaths or injuries. The CSEA Endorsed Group Accidental Death and Dismemberment Insurance Plan pays benefits to cover the unique costs associated with accidents – in addition to any coverage you already have. And accident protection is affordable – add up to \$500,000.00 of protection for just pennies a day.

National Safety Council, Injury Facts 2011

**Does accident insurance duplicate my auto coverage?**

A. No, because auto insurance protects your vehicle. And CSEA Endorsed Group Accidental Death and Dismemberment Insurance Plan protects you. You're paid directly to spend the money as your family sees fit. Plus, the CSEA Endorsed Group Accidental Death and Dismemberment Insurance Plan pays an extra benefit if you're wearing your seat belt. Collect up to an additional \$10,000.00 (or 10% of your principal benefit, whichever is less) if you or a dependent die in an auto accident while wearing a seat belt.

**Will I require a physical exam or blood test to get coverage?**

A. No, you and your eligible family members are guaranteed coverage – regardless of your profession, lifestyle, hobbies, or travel habits.

**How much protection should I get?**

A. Accident coverage is inexpensive so many CSEA Association Partnership Program members get the maximum protection available. As an active employee, you can receive up to \$500,000.00 in coverage.

**How does the CSEA Endorsed Accident Plan provide extra coverage for my family?**

A. The CSEA Endorsed Accident Plan pays up to \$3,000.00 education benefits for your covered spouse to advance his/her education if you die from a covered accident. Plus, it pays up to \$2,500.00 each year for up to four years for your eligible children to attend college if you die.

**What if I'm injured at work?**

A. Benefits will be paid to you even if you suffer a covered injury at work and receive Workers Compensation benefits. The CSEA Endorsed Accident Plan pays benefit for any covered accident – 24 hours a day, anywhere\*.

**Who will be my beneficiary of my CSEA Association Partnership Program coverage?**

A. You decide who collects your benefits by designating your beneficiary on your Enrollment Form. If you do not name someone, your beneficiary will automatically be designated as your Spouse, your Children, your Parents, your Siblings, or your Estate, in that order. You may change your beneficiary at any time by notifying the CSEA Endorsed Insurance Program Administrator in writing. You are automatically the beneficiary for all coverage on your Spouse.

\*Subject to U.S. Government Regulations on restricted countries.

Terms:**EFFECTIVE DATE OF COVERAGE**

This coverage becomes effective on the first of the month following payment and the receipt of your application, provided your enrollment has been approved. As long as your premiums are paid, the Master Policy is in effect, you remain a Member of the CSEA Association Partnership Program, and are under age 80, you may continue to renew your coverage.

**CERTIFICATE OF INSURANCE**

This provides an outline of the plan's coverage. You will be mailed a Certificate of Insurance that contains

the full terms and conditions. Please read it carefully and file it with your important personal papers where it can be found in case of your accidental death.

#### **EXCLUSIONS AND LIMITATIONS**

No Benefits will be payable for any loss that is due or related to: suicide; an attempt at suicide or an intentionally self-inflicted injury while sane or insane; A loss that occurs during, due or related to the covered person's engagement in any of the following in a role other than as a victim: war, an act of war or an armed conflict which involves the armed forces of one or more countries, whether declared or undeclared; A loss that occurs during, due or related to the use of drugs, intoxicants, narcotics, barbiturates or hallucinogenic agents, unless administered on the advice of a physician or accidentally administered; A loss that occurs during or is a result of travel in, travel on, fall from, or descent from any aircraft while such aircraft is in flight, unless traveling solely as a passenger; A loss that is due or related to: a disease or bodily infirmity of mind or body, medical or surgical treatment of such disease or bodily infirmity or bacterial infections, except infections that occur as a result of an: accidental cut or wound, or accidental ingestion of contaminated material; A loss that occurs during, due or related to, any medical, dental or surgical treatment unrelated to the accident which would otherwise entitle the covered person to benefits.

Endorsed by:



CSEA incurs certain administrative expenses in connection with this sponsored program. To provide and maintain this valuable membership benefit it is reimbursed for such expenses.

#### **California State Employees Association**

Administered by A.G.I.A., Inc.  
PO Box 9997  
Phoenix, AZ 85068-0997

Questions? Call toll-free 1-800-952-5283.

A.G.I.A., Inc. is licensed/authorized to transact business in all 50 United States and the District of Columbia. Their state of domicile is California. John Wigle California Agent license number is 0482924. John Wigle Arkansas Agent license number: 46424.

Underwritten by:

New York Life Insurance Company  
51 Madison Avenue  
New York, NY 10010

Under Group Policy G-29148-0 on Policy Form GMR-FACE/G-29148-0.

New York Life is licensed/authorized to transact business in all the 50 United States, District of Columbia, Puerto Rico and Canada. However, not all group plans it underwrites are available in all jurisdictions. Please check with the plan detail sections for current availability. New York Life Insurance Company's state of domicile is New York and their NAIC ID # is 55915.

This coverage is for accidental death and dismemberment only. This information is not a policy or Certificate of Insurance. It merely summarizes the principal features and is for informational purposes only. The

complete terms and provisions of coverage and the conditions under which it may be kept in force are contained in the group Master Policy issued to the association.

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