Group Term Life Insurance Plan

IEEE

Negotiated For IEEE Members and Their Families

Here's Why Thousands Of Your Fellow IEEE Members Already Rely On This Coverage

- ✔ Member-only group rates
- ✔ 10% premium credit currently in effect
- ✔ Benefit levels up to $1 million available to help you keep up with growing professional and family responsibilities. Contact administrator for more details.
- ✔ Full family coverage available at member-only rates
- ✔ Premiums waived if you become totally disabled
- ✔ 30-DAY NO-RISK FREE LOOK
- ✔ Accelerated Death Benefit if diagnosed as terminally ill

Who Can Request This Exclusive IEEE Member Benefit Option?

You can request coverage as an IEEE member under age 70. You may also request coverage for your lawful spouse and unmarried dependent children ages 14 days through 22 years (24 if a full-time student). In order to become insured, satisfactory evidence of insurability must be provided and the required premium must be paid.

A dependent who is a member is eligible for either member or dependent coverage, but not both. If both member and spouse are covered as members, neither may insure the other as spouse, and only one may insure any eligible children.

This coverage is available only for residents of the United States (excluding territories), Puerto Rico and Canada (excluding Quebec).

Your Benefit Options

Member*	Spouse*
• $100,000.00	• $100,000.00
• $250,000.00	• $250,000.00
• $500,000.00	• $500,000.00

PLEASE NOTE: Other benefit options are available. You may choose options of $10,000 to $1,000,000 (in multiples of $10,000). Spouse coverage cannot be more than member's coverage.

Each Unmarried Dependent Child

- $10,000.00

*Coverage decreases starting at member age 69. See "Amounts of Insurance at Member Ages 69 and older."

The total amount of policies an individual may have under all group life insurance policies **underwritten by New York Life Insurance Company** may not exceed $2,000,000.00. In addition, the total amount of coverage an individual may have under all group policies issued by New York Life Insurance Company to the Trustee of the IEEE Life Insurance may not exceed $2,000,000.00.

- Member-only Rates
- **Volume Discounts For Higher Levels of Coverage**
- **10 Percent Premium Credit Now In Effect**

Group Rates Deliver Value For IEEE Families

As an IEEE member in good standing, you can take advantage of the outstanding value of the member-only rates to help keep the costs of your life insurance protection as low as possible.

QUESTIONS?

1-800-493-IEEE (4333)

IEEE.service@getamba.com

IEEEinsurance.com

Build A Bigger Safety Net With A Lower "Per Unit" Cost

When you request coverage amounts between $160,000.00 and $490,000.00, you have the advantage of a volume discount that can make your IEEE member group rates even more attractive. For benefit levels of $500,000.00 or more, a larger volume discount is used.

Costs Held Down With Premium Credit

Insurance is the opportunity to receive a premium credit to reduce the total cost of your insurance. **A 10 percent premium credit is currently in effect.** Although not promised or guaranteed, premium credits have been granted every year since 1963.

Premiums Waived If You're Totally Disabled

If you become totally disabled before age 60 and remain so for nine months or longer, your insurance will continue as long as your total disability continues—for both you and your covered family members—without additional premium contributions until coverage ends. The amount continued will be based on the options under which you and your dependents were insured at the time your disability began, subject to the scheduled decreases shown in "Amounts of Insurance At Member Ages 69 and beyond." You may be asked to provide evidence of your continued total disability from time to time.

No Exclusions

Benefits will be paid in the event of death … anywhere in the world … regardless of cause. The validity of any amount of your insurance that has been in force for two years during your lifetime will not be contested except for insurance eligibility provisions or nonpayment of premium contributions.

30-Day Free Look

When your coverage is approved, you will be sent a Certificate of Insurance. Look it over for a full 30 days.

If you're not completely satisfied with the terms of your Certificate, you may return it without claim within those 30 days. Your coverage will be invalidated and you will receive a full refund of any premium paid—no questions asked!

Your Choice of Beneficiary

You may select any person, persons, trust or other legal entity as your beneficiary. If, at the time of your death, there are no surviving beneficiaries, benefits will be paid to the executor or administrator of your estate, or at the option of New York Life, to the surviving relatives in the following order of survival: spouse, children equally; parents equally; or brothers and sisters equally. You are the automatic beneficiary for dependent insurance as described in the Certificate of Insurance. If you want to name another beneficiary for spouse or child insurance, please contact the administrator.

An Important Option If You're Facing A Terminal Illness

The Living Benefit or "Accelerated Death Benefit" provides IEEE members with the option to have a portion of a terminally ill insured's life insurance benefit paid while he/she is still alive.

Use the money paid under this feature however you see fit. To help pay medical bills. To help preserve your savings and assets. To help maintain your quality of life.

To qualify for this benefit, a person must be insured and diagnosed as having a life expectancy of 12 months or less. Proof of terminal illness will consist of a statement from a doctor and any other medical information New York Life Insurance Company deems necessary to confirm the person's status. You can request payment equal to 50 percent of a qualified terminally ill person's inforce coverage. The request must be made at least 12 months prior to a person reaching age 99, and the amount payable after the insured's death will be reduced by this payment. (Premium contributions will not be reduced.) If a scheduled reduction will occur within one year of the date the advance payment will be made, the benefit payable will be 50% of the reduced coverage. (See "Amounts of Insurance At Member Ages 69 and beyond.") Note: An insured will be eligible for only one terminal illness benefit during his/her lifetime.

Please note that receipt of this benefit may affect your eligibility for public assistance programs and may be taxable. You may wish to consult the appropriate social services agency and a qualified tax advisor about how this may affect your personal situation.

See next page for member-only rates & volume discounts

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Current 2026-2027 Semiannual Premium Contributions per member $10,000 unit
Member-only Rates For IEEE Members:

The initial cost of insurance for a member is based on the member's attained age when insurance becomes effective, the amount of insurance selected and the member's tobacco/nicotine use. The cost increases as the member grows older. Premium contributions will vary depending upon the options chosen. All eligible children can be insured under the $10,000 option for $3.00 semiannually ($2.70 with the 10% premium credit*) for $10,000.00 of life insurance. **IMPORTANT NOTICE TO RESIDENTS OF MANITOBA AND ONTARIO, CANADA:** Manitoba and Ontario, Canada have enacted laws requiring taxation (Manitoba 7% and Ontario 8%) of all group insurance purchased by individuals. This tax will be added to the amount of any premium contributions due (in U.S. dollars), which is then reported and remitted to the province.

Issue Age	No Volume Discount Options less than $160,000				Volume Discount Options $160,000–$490,000				Additional Volume Discount Options $500,000 and higher			
	Smoker	10% Premium Credit*	Nonsmoker	10% Premium Credit*	Smoker	10% Premium Credit*	Nonsmoker	10% Premium Credit*	Smoker	10% Premium Credit*	Nonsmoker	10% Premium Credit*
Under 30	$2.28	$2.05	$1.74	$1.57	$1.92	$1.73	$1.50	$1.35	$1.74	$1.57	$1.32	$1.19
30-34	2.64	2.38	2.04	1.84	2.22	2.00	1.74	1.57	2.04	1.84	1.56	1.40
35-39	3.06	2.76	2.46	2.21	2.58	2.32	1.98	1.78	2.46	2.21	1.92	1.73
40-44	5.28	4.75	4.08	3.67	4.50	4.05	3.54	3.19	4.14	3.73	3.24	2.92
45-49	9.24	8.32	7.20	6.48	7.80	7.02	6.12	5.51	7.26	6.53	5.70	5.13
50-54	14.88	13.39	11.64	10.48	12.66	11.39	9.84	8.86	11.70	10.53	9.12	8.21
55-59	24.54	22.08	19.14	17.23	20.82	18.74	16.26	14.63	19.38	17.44	15.06	13.55
60	38.16	34.34	29.76	26.78	32.46	29.21	25.26	22.73	30.18	27.16	23.52	21.17
61	46.14	41.53	35.94	32.35	39.36	35.42	30.72	27.65	36.66	32.99	28.62	25.76
62	51.42	46.28	40.02	36.02	43.80	39.42	34.20	30.78	40.68	36.61	31.80	28.62
63	60.72	54.65	47.34	42.61	51.42	46.28	40.02	36.01	47.76	42.98	37.26	33.53
64	64.20	57.78	50.04	45.94	54.54	49.09	42.54	38.29	50.76	45.68	39.54	35.59
65-69**	76.38	68.74	59.52	53.57	64.86	58.37	50.58	45.52	60.30	54.27	47.16	42.44

*These rates include the 10% premium credit currently in effect. Billed rates may differ slightly due to rounding.

**The amount of life insurance for you and your spouse is based on your age at your last birthday and decreases on the premium due date coinciding with or immediately after you enter a new age category. After age 69, coverage decreases for each $10,000.00. See chart below. Children's insurance amounts do not reduce. Contact the Administrator for renewal rates at ages 70 and beyond.

How to Calculate Your Semiannual Cost*

Use the correct column to find the current semiannual insurance cost for member coverage in excess of $10,000. Multiply the amount shown for the $10,000 member option by the number of $10,000 multiples desired (e.g., for $200,000 at age 33 for a non-smoker with the 10% Premium Credit, multiply $1.57 by 20 = $31.40)

To find the current semiannual insurance cost for spouse coverage in excess of $10,000, multiply the amount shown for the $10,000 spouse option by the number of $10,000 multiples desired (e.g., for $100,000 at member's age 33 for a non-smoker spouse with the 10% Premium Credit, multiply $1.19 by 10 = $11.90) Add the cost for spouse (and children's) coverage to member (and spouse) coverage for your total semiannual premium cost.

If you wish to request child coverage, add $3.00 ($2.70 with the 10% Premium Credit, described above) to cover all eligible children for $10,000 each. Add the cost of child coverage to member (and spouse) coverage for your total semiannual premium cost.

*If you select the convenient monthly Electronic Funds Transfer (EFT) option, your monthly cost will be approximately one-sixth of the semiannual cost shown. (Note: the amount billed may differ slightly due to rounding.)

Amounts Of Insurance At Member Ages 70 and beyond**

Member's Age	Each $10,000.00 Member And Spouse Option
Under 69	$10,000.00
69-72	$7,000.00
73-76	$5,000.00
77-79	$3,500.00
80 and beyond	$2,500.00

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date (but not more than once in any 12-month period) and any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people all with the same issue age and tobacco/nicotine use. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustee of the IEEE Life Insurance.

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Current 2026-2027 Semiannual Premium Contributions per member $10,000 unit
Member-only Rates For IEEE Spouse:

The initial cost of insurance for a spouse is based on the member's attained age when insurance becomes effective, the amount of insurance selected and the spouse's tobacco/nicotine use. The cost increases as the member grows older. Premium contributions will vary depending upon the options chosen. All eligible children can be insured under the $10,000 option for $3.00 semiannually ($2.70 with the 10% premium credit*) for $10,000.00 of life insurance.

IMPORTANT NOTICE TO RESIDENTS OF MANITOBA AND ONTARIO, CANADA: Manitoba and Ontario, Canada have enacted laws requiring taxation (Manitoba 7% and Ontario 8%) of all group insurance purchased by individuals. This tax will be added to the amount of any premium contributions due (in U.S. dollars), which is then reported and remitted to the province.

Member's Age	No Volume Discount Options less than $160,000				Volume Discount Options $160,000–$490,000				Additional Volume Discount Options $500,000 and higher			
	Smoker	10% Premium Credit*	Nonsmoker	10% Premium Credit*	Smoker	10% Premium Credit*	Nonsmoker	10% Premium Credit*	Smoker	10% Premium Credit*	Nonsmoker	10% Premium Credit*
Under 30	$1.44	$1.30	$1.08	$0.97	$1.20	$1.08	$0.96	$0.86	$1.08	$0.97	$0.84	$0.76
30-34	1.68	1.51	1.32	1.19	1.44	1.30	1.08	0.97	1.32	1.19	0.96	0.86
35-39	2.64	2.38	2.04	1.84	2.16	1.94	1.68	1.51	2.04	1.84	1.68	1.51
40-44	3.48	3.13	2.76	2.48	2.88	2.59	2.28	2.05	2.76	2.48	2.16	1.94
45-49	6.12	5.51	4.80	4.32	5.16	4.64	3.96	3.56	4.92	4.43	3.84	3.46
50-54	14.04	12.64	10.92	9.83	11.88	10.69	9.24	8.32	11.04	9.94	8.64	7.78
55-59	21.96	19.76	17.04	15.34	18.72	16.85	14.64	13.18	17.40	15.66	13.56	12.20
60	24.48	22.03	19.08	17.17	20.88	18.79	16.20	14.58	19.32	17.39	15.12	13.61
61	29.64	26.68	23.04	20.74	25.08	22.57	19.56	17.60	23.28	20.95	18.24	16.42
62	32.88	29.59	25.68	23.11	27.96	25.16	21.72	19.56	25.92	23.33	20.28	18.25
63	38.76	34.88	30.12	27.11	32.88	29.59	25.68	23.11	30.48	27.43	23.76	21.38
64	41.28	37.15	32.16	28.94	35.04	31.54	27.36	24.62	32.64	29.38	25.32	22.79
65-69**	49.08	44.17	38.28	34.45	41.64	37.48	32.52	29.27	38.76	34.88	30.24	27.22

*These rates include the 10% premium credit currently in effect. Billed rates may differ slightly due to rounding.

**The amount of life insurance for you and your spouse is based on your age at your last birthday and decreases on the premium due date coinciding with or immediately after you enter a new age category. After age 69, coverage decreases for each $10,000.00. See chart below. Children's insurance amounts do not reduce. Contact the Administrator for renewal rates at ages 70 and beyond.

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To find the current semiannual insurance cost for spouse coverage in excess of $10,000, multiply the amount shown for the $10,000 spouse option by the number of $10,000 multiples desired (e.g., for $100,000 at member's age 33 for a non-smoker spouse with the 10% Premium Credit, multiply $1.19 by 10 = $11.90) Add the cost for spouse (and children's) coverage to member (and spouse) coverage for your total semiannual premium cost.

If you wish to request child coverage, add $3.00 ($2.70 with the 10% Premium Credit described above) to cover all eligible children for $10,000 each. Add the cost of child coverage to member (and spouse) coverage for your total semiannual premium cost.

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Renewal Payments and Claims

Once you are covered, you will have a 31-day grace period for your payment of renewal premium contribution. When you want to submit a claim, call or write the Administrator for claim forms.

Group Conversion Privilege

The coverage provides conversion privileges under certain circumstances of involuntary termination as described in the Certificate of Insurance.

Effective Date

You and your dependents will become insured on the date specified by New York Life Insurance Company provided the initial premium contribution is paid when due, satisfactory evidence of insurability has been submitted, and you and your dependents are alive on that date. Coverage for any dependent who is hospital confined at home, in a hospital or other medical institution or incapacitated so as to be unable to perform his or her normal activities on the date coverage would otherwise become effective will not become effective until the date her or she is no longer so confined or incapacitated, provided you are insured on that day and the dependent is still eligible for insurance. Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by New York Life Insurance Company.

When Coverage Ends

Coverage can stay in force for you and your spouse as long as you remain eligible, and for your insured dependents as long as they remain otherwise eligible, provided you remain a member in good standing of IEEE, premium payments are paid when due, (Note: The Office of Foreign Assets Control (OFAC), an agency of the U.S. Department of Treasury, enforces economic and trade sanctions based on U.S. foreign policy against targeted foreign countries and specifically designated individuals and organizations. New York Life may not be able to accept premium from an OFAC-targeted country or provide insurance services to an individual who is located in a targeted country.) the group policy is not terminated or modified by the policyholder to end insurance for the group of insureds to which you belong, or no request is made by insured to terminate insurance. In addition, dependent coverage will terminate when the dependent spouse or child ceases to be an eligible dependent. Upon your death, coverage for your insured dependents may continue as described in the Certificate of Insurance.

Before you send in your application: Your membership must be activated. Make sure you have provided complete and accurate information, which will help avoid delays in securing missing information. Misstatements or failures to report information may be used as the basis for invalidating your insurance. If a physical exam, EKG, blood test or other medical information is required an on dependent professional paramedic will contact you to arrange for these simple tests at your convenience. The exam and blood test will be paid for by the Policy.

If your State residence mandates recognition of a Domestic Partner as an eligible spouse contact the Administrator for a Declaration of Domestic partnership form or go to IEEEinsurance.com to download the form.

Mail your completed application to:

IEEE Member Group Insurance Program
PO BOX 14533
Des Moines, IA 50306

Residents of PR:

Please send your application to:
Global Insurance Agency, Inc.
P.O. Box 9023918
San Juan PR 00902-3918

This Group Term Life Insurance Is Administered By:

AMBA

Association Member Benefits Advisors, LLC (AMBA)

IEEE Group Insurance Program
P.O. Box 14533
Des Moines, IA 50306

1-800-493-IEEE(4333)
www.ieeeinsurance.com

AR Insurance License #100114462
CA Insurance License #0I96562
In CA d/b/a Association Member Benefits & Insurance Agency

This coverage is available to residents of Canada (except Quebec). AMBA does not act as broker with respect to Canadian residents and acts solely as an Administrator on behalf of New York Life.

This Group Term Life Insurance Is Underwritten By:

NEW YORK LIFE

NEW YORK LIFE and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company, registered in the United States and other countries. Other trademarks used herein are the property of their respective owners.

New York Life Insurance Company
51 Madison Avenue, New York, NY 10010
On Policy Form GMR-FACE/G-8100-1
Under Group Policy No. G-8100-1

Other Important Information

This brochure contains only a brief description of some of the principal provisions and features. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Trustee of the Institute of Electrical and Electronics Engineers, Inc. Life Insurance Plan. When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the Policy. IEEE is compensated in connection with this sponsored group policy to provide and maintain this valuable membership benefit.

LI113P-10721P

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QUESTIONS?

1-800-493-IEEE (4333) | IEEE.service@getamba.com | IEEEinsurance.com

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Request for Group Insurance from:
New York Life Insurance Company
51 Madison Avenue, New York, NY 10010

To Apply:

Complete this application form and return to:
IEEE-sponsored Insurance Program Administrator
P.O. Box 14533
Des Moines, IA 50306

For residents of Puerto Rico, the address is:
Global Insurance Agency
P.O. Box 9023918
San Juan, PR 00902-3918

Questions? 1-800-493-IEEE (4333)

Send No Money Now

Please print in ink or type all answers. Do not use correction fluid or gel pens. Initial and date any changes you make.

1 MEMBER INFORMATION

Name _____ (Last Name / First / Initial)

Address _____

City _____ State (or Province) _____ ZIP (Postal Code) _____

Please check one:
☐ Home address
☐ Business address

Preferred Phone ( )

Email _____

(For internal use only for important announcements, time-sensitive bulletins or member notifications. Neither IEEE nor the Plan Administrator will sell or rent your email address under any circumstances.)

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Civil Union† ☐ Domestic Partner†

†Eligibility of Domestic Partner/Civil Union partner is determined by state law

Are you presently insured under any IEEE Member Group Life Insurance Plans? ☐ Yes ☐ No

If "Yes," indicate which plan(s) and provide details (person insured and amount of insurance):

☐ Term Life ☐ Level Term Life to Age 65 ☐ Universal Life ☐ Permanent Whole Life
☐ 10-Year Level Term Life ☐ 20-Year Level Term Life

Details _____

Does any person proposed for insurance intend to reside outside the United States and Canada within the next 12 months?

Member: ☐ Yes, Countries _____ For How Long? _____ ☐ No

Spouse: ☐ Yes, Countries _____ For How Long? _____ ☐ No

		DATE OF BIRTH	HEIGHT	WEIGHT	SEX
MEMBER		MO/DAY/YR	FT. IN.	LBS.	☐ M ☐ F
SPOUSE*	(NAME IF PROPOSED FOR INSURANCE) FIRST / MI / LAST	MO/DAY/YR	FT. IN.	LBS.	☐ M ☐ F
CHILD(REN)*	(NAME IF PROPOSED FOR INSURANCE) FIRST / MI / LAST	MO/DAY/YR	FT. IN.	LBS.	☐ M ☐ F
	(NAME IF PROPOSED FOR INSURANCE) FIRST / MI / LAST	MO/DAY/YR	FT. IN.	LBS.	☐ M ☐ F

*See plan information/plan details for definition of eligible dependents. If more than two children are proposed for insurance, attach a separate sheet. Please sign and date the additional sheet.

G-8100-1

Please complete all pages and sign on page 5

2 MEMBERSHIP INFORMATION

Are you now a member of the Institute of Electrical and Electronics Engineers Incorporated?

☐ Yes ☐ No

Membership # _____

Expiration Date _____

(Membership in IEEE is required for participation in the plan. Affiliate members are not eligible.)

3 PAYMENT OPTION SELECTED

☐ **Electronic Funds Transfer (EFT):** I request and authorize the Administrator, IEEE Member Group Insurance Program, to make ☐ monthly ☐ semiannual withdrawals against the account specified on the attached check or any account subsequently named by me, and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions under this plan. (Enclose a VOIDED check.)

X _____ _____

SIGNATURE(S) AS REQUIRED ON CHECKS/WITHDRAWALS MADE AGAINST THIS ACCOUNT DATE

☐ **Periodic Billing:** Semiannual (March 1 and September 1)

4 INSURANCE REQUESTED (Refer to the enclosed brochure for eligibility, options and coverage description.)

A. I HEREBY APPLY FOR THE FOLLOWING COVERAGES (benefit options from $10,000 to $1,000,000 in multiples of $10,000)

Total Member Insurance Amount Requested ☐ $100,000.00 ☐ $250,000.00 ☐ $500,000.00 $ _____ **Other Amount**

Total Spouse Insurance Amount Requested ☐ $100,000.00 ☐ $250,000.00 ☐ $500,000.00 $ _____ **Other Amount**
Spouse coverage cannot exceed 100% of member's coverage.

Total Child Insurance Amount Requested ☐ $10,000.00 ☐ None
Note: Member coverage must be in force to request dependent coverage.

	Member		Spouse	
	Yes	No	Yes	No
B. Other Insurance: Do you have other life insurance in force?	☐	☐	☐	☐
Do you have other insurance applications pending?	☐	☐	☐	☐

If "Yes," total amount in all companies: Member $ _____ Spouse $ _____

If "Yes," indicate amount and company: Member $ _____ Company _____

Spouse $ _____ Company _____

C. Tobacco/Nicotine Use: Have you or your spouse (if proposed for coverage) used tobacco or any nicotine substitute in any form (including nicotine patches, nicotine chewing gum or electronic cigarettes)?

Member ☐ Yes ☐ No Spouse ☐ Yes ☐ No

If "Yes," please state when you last used tobacco or nicotine products and specify the product used.

Member _____ (MO/YR) _____ (Product) Spouse _____ (MO/YR) _____ (Product)

E. Insurance Replacement

RESIDENTS OF NEW YORK—IMPORTANT REPLACEMENT INFORMATION: It may not be in your best interest to replace existing life insurance policies or annuity contracts in connection with the purchase of a new life insurance policy, whether issued by the same or a different insurance company. A replacement will occur if, as part of your purchase of a new life insurance policy, existing coverage has been, or is likely to be, lapsed, surrendered, forfeited, assigned, terminated, changed or modified into paid-up insurance or other forms of benefits, loaned against or withdrawn from, reduced in value by use of cash values or other policy values, changed in the length of time or in the amount of insurance that would continue or be continued with a stoppage or reduction in the amount of premium paid. Prior to completing a replacement transaction, you may want to contact the insurance company or agent who sold you the life insurance or annuity contract that will be replaced to help you decide whether the replacement is in your best interest.

RESIDENTS OF NEW YORK: I have read the Important Replacement Information above. Is the life insurance applied for intended to replace, in whole or in part, any existing insurance or annuity?

Member ☐ Yes ☐ No Spouse ☐ Yes ☐ No

RESIDENTS OF ALL OTHER STATES

Is the insurance applied for intended to replace, discontinue or change an existing policy? Member ☐ Yes ☐ No Spouse ☐ Yes ☐ No

5 BENEFICIARY DESIGNATION

Death benefit will be paid to current beneficiary on file or if no one is designated, benefits will default to beneficiary designations as indicated in the certificate.

6 STATEMENT OF HEALTH (Please initial and date any changes you make on this form.)

To the best of your knowledge and belief, answer the following questions as they apply to you and all dependents to be insured:

A. Are you or any other person to be insured disabled or receiving any disability or workers compensation benefits, or on waiver of premium for life or health insurance? ☐ Yes ☐ No

B. Are you or any other person to be insured now ill, or receiving medical attention or surgical treatment? ☐ Yes ☐ No

C. During the past five years, has any person to be insured consulted any physician or other medical care practitioner other than for a routine physical examination or checkup, or been hospitalized or had an operation or had any illness, disease or injury? ☐ Yes ☐ No

D. Are you or any other person to be insured taking any kind of medication or, so far as you know, in impaired physical or mental health? ☐ Yes ☐ No

E. Is any person to be insured now pregnant? ☐ Yes ☐ No

F. During the past five years, has any person to be insured ever been medically diagnosed by a physician as having or been treated for:

1. Heart or circulatory trouble, high blood pressure, pain or pressure in chest? ☐ Yes ☐ No
2. Arthritis, back trouble, bone or joint disorder? ☐ Yes ☐ No
3. Fainting spells, convulsions or epilepsy? ☐ Yes ☐ No
4. Sugar, blood, albumin or pus in urine? ☐ Yes ☐ No
5. Diabetes, kidney trouble, ulcers or digestive disorder? ☐ Yes ☐ No
6. Disorder of the breasts or reproductive organs or functions? ☐ Yes ☐ No
7. Nervous or mental disorder, emotional condition or psychiatric care? ☐ Yes ☐ No
8. Cancer, tumor or cyst? ☐ Yes ☐ No
9. Varicose veins, hemorrhoids or hernia? ☐ Yes ☐ No
10. Disorder of eyes, ears, nose or sinuses? ☐ Yes ☐ No
11. Thyroid, liver or respiratory disorder? ☐ Yes ☐ No
12. Alcoholism or drug habit? ☐ Yes ☐ No
13. Disorder of the blood? ☐ Yes ☐ No
14. Other health or physical impairment including:
    a. Being medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? ☐ Yes ☐ No
    b. Chronic cough, persistent diarrhea, enlarged lymph glands or chronic fatigue in the past five years? ☐ Yes ☐ No
    c. Any other impairment? ☐ Yes ☐ No

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS, GIVE COMPLETE DETAILS BELOW.

(If you need more space, use a signed and dated separate sheet. Please avoid the use of such terms as "etc.," "various" or "miscellaneous.")

Question Letter/No.	Name of Proposed Insured	Illness or Condition—Date of Onset—Duration—Treatment—Operation—Degree of Recovery and Date	Name and Address of Physicians or Other Practitioners and Hospitals Where Confined or Treated

7 AUTHORIZATION AND SIGNATURE

I understand that New York Life has the right to require additional information and, if necessary, an examination by a physician. I ask New York Life to rely on all such statements made on this form, and any supplements to it, while considering this request. I also understand that the coverage afforded will be in consideration of the answers and statements set forth above.

AUTHORIZATION: I hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical or medically related facility, laboratory, insurance company, MIB, LLC. ("MIB"), or other organization, institution or person, that has any records or knowledge of me or my health to release information, including prescription drug records, maintained by physicians, pharmacy benefit managers, and other sources of information to New York Life Insurance Company, its reinsurers, its subsidiaries or the plan administrator about the physical and mental health of any persons proposed for insurance, including significant history, findings, diagnosis and treatment, but excluding psychotherapy notes for the purpose of evaluating my application for insurance. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. For example, New York Life may be required to provide it to insurance, regulatory, or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

A photocopy of this AUTHORIZATION and request form shall be as valid as the original. In all circumstances, my authorized agent, representative, or I may request a copy of this AUTHORIZATION. This AUTHORIZATION shall be valid for a period of 24 months from the date signed, unless sooner revoked. The AUTHORIZATION may be revoked at any time by sending written notice to New York Life Insurance Company. My revocation will not be effective to the extent that New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself.

By signing and dating this application, the member **requests** the insurance indicated; and the member and any person proposed for insurance **consent** to authorize the disclosure of information to and from the providers noted above and in the IMPORTANT NOTICE, including making a brief report of our protected health information to MIB, LLC.; and **attest** to having read the IMPORTANT NOTICE and Fraud Notices enclosed, including how our information is exchanged with MIB, and that to the best of our knowledge and belief, the answers provided to the questions are true and complete.

MEMBER'S SIGNATURE X _____ **DATE** _____
(PLEASE SIGN AND DATE IN INK.)

SPOUSE'S SIGNATURE X _____ **DATE** _____
(NECESSARY ONLY IF SPOUSE COVERAGE IS REQUESTED. PLEASE SIGN AND DATE IN INK.)

OWNER'S SIGNATURE X _____ **DATE** _____
(NECESSARY ONLY IF MEMBER PREVIOUSLY TRANSFERRED OWNERSHIP OF HIS/HER GROUP TERM LIFE INSURANCE.)

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of New York Life Insurance Company's insurance business in Canada.

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FRAUD NOTICES

FRAUD NOTICE—For residents of all states <u>except</u> those listed below <u>and</u> New York: 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. **RESIDENTS OF CO,** the following also applies: Any insurance company or agent who defrauds or attempts to defraud an insured shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

RESIDENTS OF AL/AR/LA/RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR RESIDENTS OF CA: For your protection California law requires the following to appear on this form.
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FOR RESIDENTS OF D.C., WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

RESIDENTS OF FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

RESIDENTS OF KS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law.

RESIDENTS OF ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

RESIDENTS OF MD: Any person who knowingly or willfully presents a false and fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

RESIDENTS OF NJ: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

RESIDENTS OF OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

RESIDENTS OF PUERTO RICO: Any person who knowingly and with the intent to defraud presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

RESIDENTS OF TN/WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

RESIDENTS OF VA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may have violated state law.

IMPORTANT NOTICE:

How New York Life Obtains Information and Underwrites Your Request For The Group Term Life Insurance Plan

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, LLC. ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage or a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other application for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, LLC. 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901. Information for consumers about MIB may be obtained on its Web site at www.mib.com. **For Canadian residents the address is:** MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590.

***For NM Residents: PROTECTED PERSONS[1]** have a right of access to certain **CONFIDENTIAL ABUSE INFORMATION[2]** we maintain in our files and they may choose to receive such information directly. You have the right to register as a **PROTECTED PERSON** by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.*

*[1]**PROTECTED PERSON** means a victim of domestic abuse; who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured or prospective insured person.*

*[2]**CONFIDENTIAL ABUSE INFORMATION** means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured family member, employer or associate of a victim of domestic abuse or a person with whom the applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.*

New York Life Insurance Company **8/12 ed.**