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

Group Employee Enrollment and Change Form

Please Complete all sections of application to avoid delays and return to:

Administrative Office: New York State Professional Fire Fighters Association
174 Washington Ave. Albany, NY 12210

Group Policy Number: V255769 IAFF Local # _____ Membership Date: _____ Job Title: _____

1. Name of Association: New York State Professional Fire Fighter's Association, Inc.

2. Member's Full Name: _____
First Middle Last

3. Home Address: _____
Number Street City State Zip

4. Telephone Number _____ ☐ New Enrollment ☐ Beneficiary Change ☐ Other Change

5. Select coverages specific amounts for Life and AD&D. If increasing or decreasing coverage, list total amount of coverage requested. * Wherever the term spouse appears can also read as domestic partner throughout the apllication. Amounts over $20,000 for a spouse will require an additional medical form. Coverage amount for spouse can not exceed one half of the member's coverage amount.

Amounts Available					
Member		Spouse*		Child(ren)	
☐	Decline	☐	Decline	☐	Decline
☐	$30,000	☐	$20,000	☐	$10,000
☐	$60,000	☐	$30,000		
☐	$120000	☐	$60,000		
☐	$180,000	☐	$90,000		
☐	$240,000	☐	$120,000		
☐	$300,000	☐	$150,000		

6. Complete the following for member, spouse, and child(ren) requesting coverage

	Name	Age	Date of Birth	Sex	Social Security #
Member					
Spouse					
Child(ren)					
Child(ren)					

7. Beneficiary Designation. Designations are not valid unless signed, dated and delivered to the New York State Professional Fire Fighters Association, Inc. during your life time.

	Name	Relationship to Member	% of Benefit	Social Security #
Primary Beneficiary				
Primary Beneficiary				

	Name	Relationship to Member	% of Benefit	Social Security #
Contingent Beneficiary				
Contingent Beneficiary				

The most recent designation revokes all prior designations.
Benefits are only payable to a contingent Beneficiary if all primary Beneficiaries are deceased.
If you name two or more Beneficiaries in a class:
Two or more surviving Beneficiaries will share equally, unless you specify unequal shares.
If you provide for unequal shares in a class, and two or more beneficiaries in that class survive, the benefit will be paid to each surviving Beneficiary their designated share. Unless you provide otherwise, the benefit will then be paid the share(s) otherwise due to any deceased Beneficiary (ies) to the surviving Beneficiaries pro rata based on the relationship that the designated.
If only one Beneficiary in a class survives, the total benefit will then be paid to that Beneficiary.
If I am required to contribute to the premium for any coverage elected on this form, I hereby authorize my employer to deduct such contributions in advance from wages due to me, for remittance to The United States Life Insurance Company in the City of New York.

If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions. Consult your legal advisor.
Dependent Insurance, if any, is payable to you, if living, or as provided under Employer's coverage under the Group Policy.
I authorize any insurer or employer or any consumer reporting agency acting on its behalf to give the United States Life information about me. Such information will pertain to my employment or other insurance coverage.
I hereby certify that all information furnished is true to the best of my knowledge.

Member Signature: _____ Date: _____