AIG Benefit Solutions

Don’t Miss the Opportunity to Elect up to $300,000 in Benefits During this Open Enrollment!

You Work Hard to Protect Them. Shouldn’t You Protect Yourself?

Enrollment Dates

August: District 2 & 4
September: District 1
October: District 3
November: District 5

HELP PROTECT YOUR FAMILY’S SAVINGS:

Member-Paid Group Term Life and Accidental Death and Dismemberment:

- Elect up to $300,000 for yourself with no medical questions
- Enroll your spouse — increments of $10,000 not to exceed $150,000 with $30,000 guaranteed issue
- Child(ren): $10,000
- Accelerated Death Benefit pays 75% to $250,000, if diagnosed with:
  - Terminal Illness
  - Medical condition including, coronary artery disease resulting in heart attack or requiring surgery, stroke, kidney failure, AIDS, or organ transplant

Personal Universal Life:

- $50,000 guaranteed issue
- Permanent Life Insurance that builds cash value and accumulates on a tax-deferred interest basis
- Continues at same rate at retirement
- Lock in your rate at your current age; rates won’t change as long as you, your spouse or children have your policy
- Access to cash value through loans and/or withdrawals

For enrollment questions, contact your administrator, Nicole Reid, or the Secretary Treasurer, Sam Fresina, at 518-436-8827 today.

www.aig.com/us/benefits

Policies issued by American General Life Insurance Company (all states except N.Y.) and The United States Life Insurance Company in the City of New York (all states). Each insurance company is responsible for the financial obligations of insurance products it issues. AIG Benefits Travel Assist services are provided by Travel Guard Group, Inc. Each is a member of American International Group, Inc. (AIG).

Policy numbers: G-LAD-40000, G-L-60000, C11657, C11960NY; AGLC101519-NY, 08450N, 08451N. Rider numbers: 88011N, 88012N, 95101GN. Products may not be available in all states and product features may vary by state. Please refer to your contract.

AIGB100146 R06/14

The logo for *New York State Professional Fire Fighters* is not a registered trademark of American International Group, Inc.
All other marks are owned by American International Group, Inc.

AIG Bring on tomorrow

NEW YORK STATE PROFESSIONAL FIRE FIGHTERS

AIG Benefit Solutions

Know Your Life Insurance Needs

Know your life insurance needs. As your family grows, so does the amount of protection they need to maintain their current lifestyle in the event of your loss. Many families find out too late that they did not have enough life insurance:

- Among households with children under 18, 4 in 10 say they would immediately have trouble meeting everyday living expenses if a primary wage-earner died.[1]
- 3 in 10 American households (35 million) are uninsured, and half say they need more life insurance.[2]

Don't be caught unaware. Fill out this quick and easy analysis to help determine your family's life insurance needs.

Make sure your family has the protection they need. Contact your Benefits Manager today for information on quality, affordable life insurance products by AIG Benefit Solutions or visit **www.aigbenefits.com**.

Step One — Expenses

1. **Living Expenses** (Food, utility bills, rent, clothing, day care costs, etc.)
   $_____ (Annual amount) x _____ (No. of years you will have to support your family) = $_____
2. **Mortgage Balance** $_____
3. **Children's Education** (As an estimate, the average annual cost of tuition, room and board for a 4-year, in-state public university is approximately $13,600, and $36,600 for a private university.[3] Books and other fees should be included as well.)
   $_____ (Total cost of degree) x _____ (No. of children) = $_____
4. **Debts** (Auto loans, credit card balances, etc.) $_____
5. **Final Expenses** (Funeral, attorney fees, probate, etc. $15,000 minimum recommended.) $_____

Add lines 1 through 5 — Total Step 1: $_____

Step Two — Existing Assets

6. **Existing Life Insurance Policies** $_____
7. **Cash and Savings Account Totals** $_____
8. **Other Liquid Assets** $_____

Add lines 6 through 8 — Total Step 2: $_____

Step Three — Additional Life Insurance Needed

$_____ (Total Step 1) - $_____ (Total Step 2) = $_____ (Total Step 3)

AIG

1. LIMRA International, Facts About Life, 2010.
2. LIMRA International, Facts From LIMRA, September 2012.
3. U.S. Department of Education, National Center for Education Statistics, 2012. *Digest of Education Statistics*, 2011.

www.aigbenefits.com

AIG Benefit Solutions® is the marketing name for the domestic benefits division of American International Group, Inc.

The underwriting risks, financial and contractual obligations, and support functions associated with products issued by American General Life Insurance Company, The United States Life Insurance Company in the City of New York, and National Union Fire Insurance Company of Pittsburgh, Pa,. are the issuing insurer's responsibility. The United States Life Insurance Company in the City of New York is authorized to conduct insurance business in New York. National Union Fire Insurance Company of Pittsburgh, Pa., maintains its principal place of business in New York, N.Y., and is authorized to conduct insurance business in all states and the District of Columbia. NAIC No. 19945. Not all policies are available in all states.

AIGB1000281 R07/13

AIG

Bring on tomorrow

Universal Life Insurance for New York State Professional Fire Fighters Association Members

Why Universal Life?

Protection for Your Family

- Permanent Life Insurance coverage is available for you, your spouse and children.
- Coverage is available up to a maximum of $500,000 for members 18–60 years of age.
- Coverage is available up to a maximum of $200,000 for spouses 18–65 years of age.
- Coverage is available up to a maximum of $20,000 for children 1–19 years of age (24 if a full-time student).

Coverage You Can Take with You

Upon termination or retirement you may continue the same coverage at the same rate.

Your Rate Won't Change

Lock in your rate today — it won't change as long as you have your policy.

Hassle-Free Payments

Premiums are paid through the New York State Professional Fire Fighters Association administrative office while you are an active full-time member in good standing.

Financial Advantages

- Cash values accumulate on a tax deferred interest basis.
- 0.5 percent additional interest rate paid when cash value equals $5,000 or more.
- Access to cash value through loans and/or withdrawals.

Coverage Amounts

- Member coverage up to $50,000 with NO health questions. Members can elect up to $50,000 with no health questions. All benefit amounts over $50,000 require Simplified Medical questions.
- Spouse coverage of $5,000 to $25,000 with limited health questions. Additional coverage can be applied for by submitting a complete questionnaire.
- Child(ren) coverage in $5,000 increments to $20,000 with limited health questions.

AIG

Monthly Rates

Member and Spouse (Band 1 Non-Tobacco)

Age	$10,000	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
25	N/A	$15.19	$26.63	$38.06	$49.50	$60.94	$72.38
30	N/A	$17.21	$30.67	$44.13	$57.58	$71.04	$84.50
35	N/A	$20.13	$36.50	$52.88	$69.25	$85.63	$102.00
40	N/A	$24.92	$46.08	$67.25	$88.42	$109.58	$130.75
45	$14.56	$30.77	$57.79	$84.81	$111.83	$138.85	$165.88
50	$17.76	$38.77	$73.79	$108.81	$143.83	$178.85	$213.88
55	$21.78	$48.83	$93.92	$139.00	$184.08	$229.17	$274.25
60	$30.50	$70.63	$137.50	$204.38	$271.25	$338.13	$405.00
65	$41.50	$98.13	$192.50	$286.88	$381.25	$475.63	$570.00

Dependent Child(ren)

Age	$15,000	$20,000
1–17	$13.00	$17.34
18–24	$17.34	$21.67

For more information and rates, call

518-436-8827

to speak with your Benefits Administrator, Nicole Reid, or the Secretary Treasurer, Sam Fresina

Policies issued by:
American General Life Insurance Company
Houston, Texas
Policy form number: 08463
Rider form numbers: 82001, 82012, 82410, 91401, 95101
The United States Life Insurance Company in the City of New York
New York, New York
Policy form numbers: AGLC101519-NY, 08450N, 08451N
Rider form numbers: 88011N, 88012N, 88420N, 95101GN

www.aig.com/us/benefits

AIG Benefit Solutions® is the marketing name for the domestic benefits division of American International Group, Inc. New York State Professional Fire Fighters Association is a separate and unrelated entity.

The underwriting risks, financial and contractual obligations, and support functions associated with products issued by American General Life Insurance Company and The United States Life Insurance Company in the City of New York are the issuing insurer's responsibility. The United States Life Insurance Company in the City of New York is authorized to conduct insurance business in New York. AIG Benefits Travel Assist services are provided by Travel Guard Group, Inc., an AIG company. Not all policies are available in all states.

This is a summary only of products and services offered. Actual offerings may vary by group size and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the policy. Please see policy and certificate for details.

If applicable, any rates shown are based on the information provided at the time of quoting and are subject to adjustment in the event such information changes.

AIGB100485 R08/14

The logo for *New York State Professional Fire Fighters Association* is not a registered trademark of American International Group, Inc. All other marks are owned by American International Group, Inc.

AIG Bring on tomorrow

Please mail all signed & dated completed Application's to: AIG

Benefit Solutions

ATTN: Lyndsey Luyster

PO Box 1580

Mail Stop 3-5

Neptune, New Jersey 07754-1580

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

New York, NY

Administrative Office: P.O. Box 30081, Tampa, FL 33630-3081
Phone: 877-672-1647 Fax: 877-672-1649

This application is for:
❑ New Coverage ❑ Increase in Coverage (UL only)

Universal Life
Employee Certificate # _____ Spouse/Domestic Partner Certificate # _____
Child #1 Certificate # _____ Child #2 Certificate # _____ Child #3 Certificate # _____

Level Term
Employee Certificate # _____ Spouse/Domestic Partner Certificate # _____

Employee/Member Information (Employee/Member will be the owner of all coverage applied for.)

1. Employee/Member/Proposed Insured Name
Last First Middle

2. Address
Street
City State Zip Code
E-mail Address
Day Phone Number

3. Employer/Group

4. Employee No./ID

5. Social Security No.

6. Birth Date
Month Day Year

7. Age Nearest Birthday _____

8. Gender ❑ M ❑ F

9. Annual Salary $_____

10. Is the Employee/Member a U.S. Citizen? ❑ Yes ❑ No
If no, date of entry _____ visa type _____
Month Day Year

11. Payroll Deduction Frequency
❑ 52 pay (weekly) ❑ 26 Pay (Bi-weekly) ❑ 24 Pay (Semi-Monthly)
❑ Other _____

12. Hire Date: Month Day Year

13. Is the Employee/Member actively at work today, the usual number of hours without limitation? ❑ Yes ❑ No

14. Number of work hours per week? _____

Other Proposed Insured Information

15. Spouse/Domestic Partner Name _____
Last First Middle
Gender ❑ M ❑ F Birth Date Month Day Year
Age Nearest Birthday _____

16. Child #1 Name _____
Last First Middle
Gender ❑ M ❑ F Birth Date Month Day Year
Relationship _____ Full Time Student ❑ Yes ❑ No Age Nearest Birthday _____

17. Child #2 Name _____
Last First Middle
Gender ❑ M ❑ F Birth Date Month Day Year
Relationship _____ Full Time Student ❑ Yes ❑ No Age Nearest Birthday _____

18. Child #3 Name _____
Last First Middle
Gender ❑ M ❑ F Birth Date Month Day Year
Relationship _____ Full Time Student ❑ Yes ❑ No Age Nearest Birthday _____

Tobacco Usage Question (Only applies to any Proposed Insured age 18 or over.)

	Employee		Spouse/DP*		Child #1		Child #2		Child #3	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
19. Has any Proposed Insured used tobacco and/or other products that contain nicotine in the past 24 months?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

Insured Plans

Universal Life

	Employee	Spouse/DP*	Child #1	Child #2	Child #3
Amount of Insurance/Increase By: Death Benefit Option (Level-1, Increasing-2)	$_____ ❑ 1 ❑ 2	$_____ ❑ 1 ❑ 2	$_____ ❑ 1 ❑ 2	$_____ ❑ 1 ❑ 2	$_____ ❑ 1 ❑ 2
Additional Benefits: Accidental Death Benefit (ADB) Waiver of Monthly Deduction (WMD) Future Guaranteed Insurability Rider (FGIR) Children's Insurance Benefit (CIB)	❑ ADB ❑ WMD ❑ FGIR CIB ____ units	❑ ADB ❑ WMD ❑ FGIR CIB ____ units	❑ ADB	❑ ADB	❑ ADB
Other Rider _____	❑ _____	❑ _____	❑ _____	❑ _____	❑ _____
Other Rider _____	❑ _____	❑ _____	❑ _____	❑ _____	❑ _____
Other Rider _____	❑ _____	❑ _____	❑ _____	❑ _____	❑ _____
Payroll Deduction Amount:	$_____	$_____	$_____	$_____	$_____

Universal Life Beneficiary (Payment will be made in equal shares unless otherwise designated.)

20. Employee/Member Primary Beneficiary
    1. Name _____ Relationship _____ % _____
    2. Name _____ Relationship _____ % _____

    Employee/Member Contingent Beneficiary
    1. Name _____ Relationship _____ % _____
    2. Name _____ Relationship _____ % _____

The beneficiary for the spouse/domestic partner/child coverage applied for will be the Employee/Member.

Term Life

	Employee	Spouse/DP*
Level Term Life Insurance	❑ 10 Year Level ❑ 15 Year Level ❑ 20 Year Level	❑ 10 Year Level ❑ 15 Year Level ❑ 20 Year Level
Amount of Insurance:	$_____	$_____

Additional Benefits:	Employee	Spouse/DP*
Accidental Death Benefit (ADB) Waiver of Premium (WP) Children's Insurance Benefit (CIB)	❑ ADB ❑ WP CIB ____ units	❑ ADB ❑ WP CIB ____ units
Other Rider _____	❑ _____	❑ _____
Other Rider _____	❑ _____	❑ _____
Other Rider _____	❑ _____	❑ _____
Payroll Deduction Amount:	$_____	$_____

Term Life Beneficiary (Payment will be made in equal shares unless otherwise designated.)

21. Employee/Member Primary Beneficiary
    1. Name _____ Relationship _____ % _____
    2. Name _____ Relationship _____ % _____

    Employee/Member Contingent Beneficiary
    1. Name _____ Relationship _____ % _____
    2. Name _____ Relationship _____ % _____

The beneficiary for the spouse/domestic partner coverage applied for will be the Employee/Member.

*Domestic Partner

Health Questions

Part A (Complete for Simplified Issue or Contingent Guaranteed Issue only)

	Employee		Spouse/DP*		Child #1		Child #2		Child #3	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
22. Has any Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
23. In the 180 days prior to the date of this application, has any Proposed Insured consulted with a physician, or received treatment for, cancer, disease or disorder of the heart, heart attack, stroke, or drug or alcohol dependency?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
24. In the 90 days prior to the date of this application, has any Proposed Insured missed more than 3 consecutive days of work due to injury or illness other than cold, flu or maternity?	❑	❑	❑	❑						

Part B (Complete for Simplified Issue only)

	Employee		Spouse/DP*		Child #1		Child #2		Child #3	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
25. Has any Proposed Insured participated within the last 3 years in: flying in any type of aircraft as a student pilot or crew member; parachute jumping; auto, boat or motorcycle racing; hang gliding or scuba diving?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
26. Has any Proposed Insured within the last 5 years been diagnosed as having, been treated for, or consulted a licensed health care provider for:										
a. mental or nervous disorder, epilepsy, convulsions, paralysis, stroke or transient ischemic attack?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
b. disease or disorder of the heart or blood vessels, heart attack or uncontrolled high blood pressure?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
c. disease or disorder of the lungs, emphysema or tuberculosis?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
d. disease or disorder of the kidney, bladder or prostate?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
e. disease or disorder of the stomach, intestines, rectum or liver?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
f. sugar, albumin, or blood in urine?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
g. cancer (other than basal cell skin cancer), tumor, syphilis, diabetes, gland or blood disorder?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
h. disease or disorder of breast or reproductive organs?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
i. organ transplant?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
j. multiple sclerosis, Crohn's disease or ulcerative colitis?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
27. Has any Proposed Insured in the last 3 years had fainting spells, pain or discomfort in chest, or shortness of breath?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
28. Has any Proposed Insured within the last 10 years:										
a. sought or received advice, counseling or treatment by a medical professional for the use of alcohol or drugs including the use of prescription drugs?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
b. used cocaine, marijuana, heroin, controlled substance, or any other drug except as legally prescribed by a physician?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
29. Height	_____ft. _____in.		_____ft. _____in.		_____ft. _____in.		_____ft. _____in.		_____ft. _____in.	
30. Weight	_____lbs.		_____lbs.		_____lbs.		_____lbs.		_____lbs.	

*Domestic Partner

Other Life Insurance or Annuities *(Indicate life insurance policies or annuities in force or pending for the proposed insured(s).)*

Does any proposed insured have any existing or pending annuity or life insurance contracts? ❑ Yes ❑ No

(If yes, indicate life insurance policies or annuities in force or pending for the proposed insured(s).)

Type: i = individual, b = business, g = group, p = pending life insurance or annuity

Name of Proposed Insured	Policy Number	Insurance Company	Type(s) (see above)	Year of Issue	Face Amount	Replace*
						❑ Yes ❑ No
						❑ Yes ❑ No

* **Replace** means that the insurance being applied for may replace, change or use any monetary value of any existing or pending life insurance policy or annuity. If replacement may be involved, complete and submit replacement-related forms. **Please note: certain states require completion of replacement related forms even when other life insurance or annuities are not being replaced by the policy being applied for.**

Agent Information

To the best of your knowledge, will the insurance herein applied for replace or change existing insurance in this or any other company? ❑ Yes ❑ No

If "yes," submit complete requirements of state where the application was signed.

The undersigned agent hereby confirms that:

1) no illustration was used in connection with soliciting the application for Life Insurance, and,

2) all of the applicant's answers to the questions in the application, if applicable, were accurately and truthfully recorded by the Writing Agent.

Writing Agent Signature	Writing Agent Number	Date

Authorization and Temporary Insurance

Agreement and Authorization to Obtain and Disclose Information and Declaration

I, the Employee/Member signing below, agree that I have read the above statements or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application shall be the basis for any policy issued. I understand that any misrepresentation made in this application and relied on by the insurer issuing the certificate may be used to reduce or deny a claim, if: 1) it is within its contestable period; and 2) such misrepresentation materially affects the acceptance of the risk. I understand that a copy of the application will be attached to the certificate when issued.

I understand and agree that no agent may: accept risks or pass upon insurability; make or modify contracts; or waive any of the insurers rights or requirements. I acknowledge that: 1) no illustration conforming to the term life or universal life certificate was provided; and 2) an illustration conforming to the universal life certificate as issued, if any, will be provided by the time the certificate is delivered.

I have received a copy of the Notices to the Proposed Insured.

I understand any information obtained will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing certificate. The Company may disclose any information gathered during its evaluation of my application to: its reinsurers; other persons or organizations performing business or legal services in connection with my application or claim; me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent from The United States Life Insurance Company in the City of New York, LLC. I understand this consent may be revoked at any time by sending a written request to The United States Life Insurance Company in the City of New York, LCC., ATTN: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original.

Premium Payment Authorization

I authorize my employer to deduct the required premium from my pay for the coverage applied for in this enrollment and forward same to the Company. Premium for this coverage is considered paid if the first full modal premium (including signed Payroll Deduction Authorization or Automatic Bank Check) is submitted with this application. If the form of payment is Automatic Bank Check, payment must be honored upon its first presentation.

TEMPORARY INSURANCE AGREEMENT (TIA)

Subject to the terms of the certificate applied for and this TIA, the Company agrees to pay the lesser of the Amount of Insurance applied for or $100,000, upon receipt of due proof that the Proposed Insured died while Temporary Insurance was in effect. Temporary Insurance will begin on the date the Proposed Insured signed this application (Signature Date). I understand and agree that Temporary Insurance will only begin for any Proposed Insured if: (1) I am actively at work on the Signature Date, the usual number of hours, without limitation; and (2) I have answered "No" to all applicable health questions in the application.

Temporary Insurance automatically ends on the earliest of the following: (1) the date this application is approved; (2) the date the Company sends notice to the Proposed Insured at the address shown in the application that the Company has declined to issue insurance; or (3) 60 days after the Signature Date.

If this application is approved as applied for, the certificate will be effective on the date this application is approved by the Company. Otherwise, any insurance issued other than applied for will be effective upon delivery and acceptance of the certificate.

Fraud

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.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Employee/Member Signature

Signed at _____ On _____

(City, State) *(Date)*

X _____

Employee/Member

Detach this page and leave it with the proposed insured

NOTICES TO THE PROPOSED INSURED

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

"Company" refers to the company with which you have applied for insurance. This notice is provided on behalf of that company and American General Life Companies LLC, an affiliated service company.

TEMPORARY INSURANCE AGREEMENT (TIA)

Subject to the terms of the certificate applied for and this TIA, the Company agrees to pay the lesser of the Amount of Insurance applied for or $100,000, upon receipt of due proof that the Proposed Insured died while Temporary Insurance was in effect. Temporary Insurance will begin on the date the Proposed Insured signed this application (Signature Date). It is understood and agreed that Temporary Insurance will only begin for any Proposed Insured if the Proposed Insured is actively at work on the Signature Date, the usual number of hours, without limitation; and all applicable health questions in the application have been answered "No.

Temporary Insurance automatically ends on the earliest of the following: (1) the date this application is approved; (2) the date the Company sends notice to the Proposed Insured at the address shown in the application that the Company has declined to issue insurance; or (3) 60 days after the Signature Date.

If this application is approved as applied for, the certificate will be effective on the date this application is approved by the Company. Otherwise, any insurance issued other than applied for will be effective upon delivery and acceptance of the certificate.

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE CERTIFICATE OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance certificate or annuity contract.

What this means for you: When you apply for an insurance certificate or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Group Term Life and AD&D Insurance

A voluntary plan to protect you and your family

For the members of
NYSPFFA

Policies issued by:
American General Life Insurance Company
The United States Life Insurance Company in the City of New York
Member-paid

Why Group Term Life and AD&D Insurance?

Life and accidental death and dismemberment (AD&D) insurance offers protection from life's unforeseen events — giving you and your family the power to leverage assets to ensure that immediate expenses, as well as long-term obligations, can still be met.

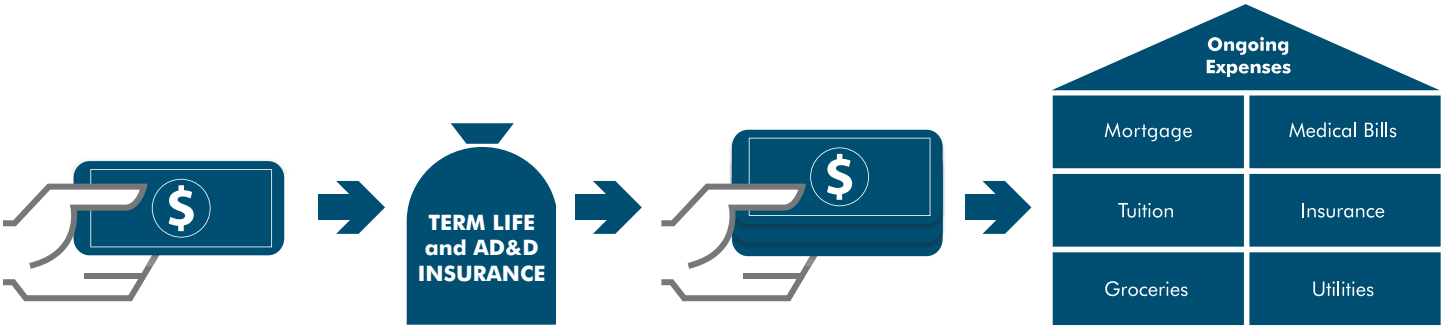
If something were to happen to you, how would your family manage financially and continue to pay the daily living expenses, mortgage payments, outstanding loans, college tuition and other essential expenses? Sometimes those left behind are forced to tap into college savings, sell the family home or take an additional job just to makes ends meet. Life insurance helps protect your loved ones from this predicament — it pays a benefit directly to your family should you pass away.

With Group Term Life and AD&D insurance, you can enjoy greater peace of mind knowing you're taking an important step today to help protect your family tomorrow.

How Does Group Term Life and AD&D Insurance Work?

When a family loses a working parent, it can have a significant impact on their lifestyle and future plans. With this Group Term Life and AD&D insurance, you can help ensure your loved ones would be able to remain in a familiar home and fulfill their educational and retirement goals.

The benefit payment your family receives can be used to help them pay their ongoing expenses:



Group Term Life and AD&D coverage can provide the funds your family may need to continue their lifestyle if they ever have to live without you.

Eric's Story[1]

As a single dad, Eric knew it was up to him to provide for his daughter Kara's education — and that involved preparing for all the possibilities, including his death. With his daughter's future in mind, Eric enrolled in his workplace's Group Term Life and AD&D plan. Five years later, he died in an auto accident. Fortunately, Eric's family was able to ensure that Kara would be taken care of, and the benefit from Group Term Life and AD&D provided the funds needed to make her college dreams a reality.

What Can Group Term Life and AD&D Insurance Offer Me?

Added Security

- The AD&D benefit covers death or injuries on or off the job, 24 hours a day, 365 days a year.
- A fixed benefit amount for a specific period of time.
- Peace of mind knowing that you have done something positive to protect your family's future.
- Optional coverage may be available for your spouse and dependent children.
- Accelerated death benefit — pays an advanced life benefit if diagnosed with:
  a.) terminal illness or b.) medical condition include: coronary artery disease, heart attack requiring surgery, stroke, kidney failure, organ translpant, or AIDS.
- Should your employment end, you have an option to convert coverage to a whole life policy, without any health questions.

Financial Advantages

- Priced to fit your budget. Typically, group insurance rates are lower than the rates of individual insurance plans, generally providing coverage at a lower cost.
- Your premiums may be waived if you're unable to work due to a disability.
- Typically, income-tax-free death benefit (according to federal tax laws).

Convenience and Flexibility

- You can purchase your insurance directly at work.
- Premiums are deducted directly from your paycheck — no checks to write.

Did You Know?

Three in 10 American households (35 million) are uninsured and half say they need more life insurance.[3]

Additional Benefits

- Instant Access Account[2]
  - Personal checking account established in your beneficiary's name.
  - Allows beneficiaries to access death benefits immediately with the convenience of a checkbook.
  - Earns interest from the date the account is established.
  - Beneficiaries will have peace of mind knowing they will not be rushed to make financial decisions.
  - Enables your family to withdraw funds in small amounts ($250 or more) or all at once.
  - Makes it easier to cover immediate expenses.
  - Provides monthly statements to help your loved ones keep track of their benefits and charges no service or monthly fees.
- AD&D
  - Seat belt benefit — pays up to an additional $10,000.
  - Airbag benefit — pays up to an additional $10,000 for having factory-installed airbags.
  - Benefits are payable for losses that occur within 365 days after a covered accident; due to exposure to natural elements and for a disappearance following a covered accident.
  - An enhanced dismemberment schedule pays the following percentages of principal amount:
    - Both hands or both feet — 100%
    - Sight of both eyes — 100%
    - One hand and one foot — 100%
    - One hand and the sight of one eye — 100%
    - One foot and the sight of one eye — 100%
    - One hand or one foot — 50%
    - Sight of one eye — 50%

Enroll Today!

Enroll in Group Term Life and AD&D insurance today. Your premium will be conveniently taken through payroll deduction. To enroll visit: www.aig.com/us/nyspffa

FIRST TIME USER ENROLLMENT INSTRUCTIONS:
Employee ID: IAFF Number
Date Of Birth: 01/01/0001 All members must enter 01/01/0001 at registration
Date Of Hire: 08/2014 All members must enter 08/2014 at registration

Group Term Life and AD&D Insurance

Life and accidental death and dismemberment insurance can provide the funds you and your family may need to continue an established lifestyle without your income. Following is an overview of Group Term Life and AD&D benefits. See the certificate for details regarding benefit descriptions, limitations and exclusions.

Benefits at a Glance

Plan Features	Plan Details
Member Eligibility	Active, full-time members who work 20 hours or more per week
Member Life Amount	Members can elect either $30,000, $60,000, $120,000, $180,000, $240,000 or $300,000
Member AD&D Coverage	Included
Member Guarantee Issue	Members will receive a Guranteed Issue Amount of $300,000 only during the 2014 Open Enrollment Period
Age Reduction	Member and spouse terminate at age 70
Accelerated Death Benefit	Pays 75% up to $250,000 of life benefit if diagnosed with a.)Terminal Illness;or b.)Medical Condition Including: Coronary Artery Disease, Heart Attack, Stroke, Kidney Failure, Organ Transplant or AIDS
Spouse Eligibility	Your spouse is eligible if he or she is under age 70
Spouse Life Amount[3]	Your spouse can elect up to 50 percent of the members elected amount
Spouse Guarantee Issue	Your spouse is eligible for $30,000 during the 2014 Open Enrollment Period
Dependent Child(ren) Eligibility	Dependent children are eligible from live birth to 26 years of age - to remain eligible for this coverage, children age 19 to 26 should be attending an accredited college or university on a full-time basis and be wholly dependent on the employee for support
Dependent Child(ren) Life Amount[3]	$10,000
Conversion Privilege	Included
Seatbelt and Airbag Benefit	$10,000
Included Services[2]	Instant Access Account, AIG Benefits Travel Assist

Notes

Notes

Notes

Limitations and Exclusions

(state variations may apply)

Term Life (Kc k `cp-Paid) and Supplemental Life Plans

No life insurance benefit will be payable under the policy for an insured (or insured's dependents) death caused by suicide or self-destruction, or any attempt at suicide or self-destruction, within 24 months after his or her effective date of coverage under the policy.

AD&D Plans

No benefit will be payable under the policy for an insured's loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Suicide or any attempt at intentionally self-inflicted injury.
- Sickness, disease or infections of any kind, except bacterial infections.
- Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation on a regular schedule between established airports, if the insured is:
  - Riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.
  - Performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
  - Riding as a passenger in an aircraft owned, leased or operated by the policyholder or by the policyholder's employer.
- Declared or undeclared war, or any act of declared or undeclared war.
- Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned rate for any period for which the insured is not covered due to his or her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
- The insured person being under the influence of drugs or alcohol or voluntary intake of poison, drugs, gas or fumes, unless taken under the advice of a physician.
- The insured person's commission of or attempt to commit a crime.

Note: Exclusions may change based on the plan provisions included in your plan. See the group policy for full and complete details.

1. Not an actual case; presented for illustrative purposes only.
2. Not an insurance product and may not be available in all states.
3. Facts from LIMRA. www.limra.com, September 2012.
4. Amount of spouse and/or dependent child coverage may vary by state law and is subject to limits imposed by individual states.
5. Current rates. Your employer will notify you of any change. Note: Life premiums vary by age. When an insured person reaches a new age bracket, the premium is adjusted accordingly.

Policies issued by:
American General Life Insurance Company
Houston, Texas
Policy form number G-LAD-40000

The United States Life Insurance Company in the City of New York
New York, New York
Policy form number G-L-60000 and C11960NY

www.aigbenefits.com

AIGB100194DOD-ADD R05/13

Member-paid

AIG Bring on tomorrow

NEW YORK STATE PROFESSIONAL FIRE FIGHTERS ASSOCIATION
174 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
518-436-8827, EXTENSION 201

Monthly Life Insurance Rate Table - Active Members

Age	30,000	60,000	120,000	180,000	240,000	300,000
18-34	$ 4.93	$ 9.85	$ 19.70	$ 29.55	$ 39.40	$ 49.25
35-59	$ 6.63	$ 13.25	$ 26.50	$ 39.75	$ 53.00	$ 66.25
60-69	$ 8.35	$ 16.70	$ 33.40	$ 50.10	$ 66.80	$ 83.50

Monthly Life Insurance Rate Table - Spousal Coverage

Age	20,000	30,000	60,000	90,000	120,000	150,000
<=29	$ 4.00	$ 4.69	$ 6.76	$ 8.83	$ 10.90	$ 12.97
30-34	$ 4.00	$ 4.70	$ 6.80	$ 8.90	$ 11.00	$ 13.10
35-39	$ 4.00	$ 4.93	$ 7.72	$ 10.51	$ 13.30	$ 16.09
40-44	$ 4.00	$ 5.30	$ 9.20	$ 13.10	$ 17.00	$ 20.90
45-49	$ 4.00	$ 5.97	$ 11.88	$ 17.79	$ 23.70	$ 29.61
50-54	$ 4.00	$ 7.01	$ 16.04	$ 25.07	$ 34.10	$ 43.13
55-59	$ 4.00	$ 9.00	$ 24.00	$ 39.00	$ 54.00	$ 69.00
60-64	$ 4.00	$ 11.56	$ 34.24	$ 56.92	$ 79.60	$ 102.28
65-69	$ 4.00	$ 16.84	$ 55.36	$ 93.88	$ 132.40	$ 170.92

*Monthly Spouse Rates shown above include $10,000 in Dependent coverage.

**Total amount of Spouse only coverage cannot exceed more than 50% of member's coverage.

***Those applying for Spousal coverage in excess of $30,000 during this open enrollment, need to fill out a Supplemental Life Enrollment Forr <www.nyspffa.org>. This form must be completed and sent to the NYSPFFA office.

AIG

Please mail all signed & dated completed applications to:

AIG Benefit Solutions

ATTN: New Business

PO Box 1580

Mail Stop 3-5

Neptune, New Jersey 07754-1580

***For any spouse electing amounts over $30,000 please complete the health questions on page 3**

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

Home Office: One World Financial Center, 200 Liberty Street, New York, NY 10281
(Herein called the Company)

Please Mail To: AIG Benefit Solutions P.O. Box 1580 Mail Stop 3-5 Neptune NJ 07754-1580

These Notices must be detached and retained by the applicant

MIB DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which 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, MA 02184-8734.

The Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

MIB-19431

NOTICE AS REQUIRED UNDER THE FAIR CREDIT REPORTING ACT(S)

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be requested for the preparation of a report whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted or who may have knowledge of any such items of information. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request to be informed as to whether or not such consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may receive a copy of this report by contacting such agency.

FCRA-19432

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

Home Office: One World Financial Center, 200 Liberty Street, New York, NY 10281
(Herein called the Company)

Please Mail To: AIG Benefit Solutions P.O. Box 1580 Mail Stop 3-5 Neptune NJ 07754-1580

Please print or type all information requested.

Please complete all sections of the application to avoid delays.

Group Policy Number V255769 **IAFF Local #** _____

Member's annual salary $_____ **Membership Date** _____

Job Title _____

1. Name of Employer/Association **New York State Fire Fighters Association**

2. Member's full name _____
FIRST *MIDDLE* *LAST*

3. Home Address _____
NUMBER *STREET* *CITY* *STATE* *ZIP* *HOME TELEPHONE NUMBER*

4. Select coverages with specific amounts for Life and AD&D. If increasing or decreasing coverage, list total amount of coverage requested and include copy of previously approved application or approval letter.
****Wherever the term spouse appears can also read as domestic partner (DP) throughout the application.**

		Amounts Available	
	Life Amount	**Insured**	**Spouse**
Member	$ _____ ☐ refused	☐ $30,000	☐ $20,000
		☐ $60,000	☐ $30,000
Spouse/DP**	$ _____ ☐ refused	☐ $120,000	☐ $60,000
		☐ $180,000	☐ $90,000
Child(ren):	$ _____ ☐ refused	☐ $240,000	☐ $120,000
		☐ $300,000	☐ $150,000

5. Complete the following for employee/member, spouse/domestic partner and dependents requesting coverage.

	Name	Age	Date of Birth mm/dd/yy	Sex	Place of Birth	Height	Weight	Social Security #
Member						ft. in.	lbs.	
SP/DP						ft. in.	lbs.	
CH						ft. in.	lbs.	
CH						ft. in.	lbs.	

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

Home Office: One World Financial Center, 200 Liberty Street, New York, NY 10281
(Herein called the Company)

Please Mail To: AIG Benefit Solutions P.O. Box 1580 Mail Stop 3-5 Neptune NJ 07754-1580

If you are eligible for Guaranteed Issue do not complete questions 6, 7, 8 and 9 unless you are applying for more than your group's Guaranteed Issue.

	MEMBER	SPOUSE/DP	CHILD
6. Have you ever been diagnosed with or treated for any disease or disorder of the heart, kidneys, liver; lungs or blood; chest pain; stroke or other neurological disorder; cancer or tumor; AIDS (Acquired Immune Deficiency Syndrome); AIDS related complex, or other immune disorder excluding HIV; diabetes or high blood pressure, mental or nervous disorder, alcohol or drug dependency; arthritis or other musculoskeletal disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. 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 stated above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Are you presently taking any medications?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Have you, in the last 12 months, missed more than 5 consecutive days of work due to illness or injury?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If "yes" to any part of questions 6, 7, 8 and 9, give details on the following page (not required for child(ren) if employee or spouse is also applying). Use a separate sheet of paper if more space is needed for answers:

Question No.	Does Question Apply to Member, Spouse/DP or Child	Condition	Date Occurred	Duration	Degree of Recovery	Names & Addresses of Physicians Hospitals/Clinics Consulted

SIGNATURE IS REQUIRED ON THE FOLLOWING PAGE

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

Home Office: One World Financial Center, 200 Liberty Street, New York, NY 10281
(Herein called the Company)

Please Mail To: AIG Benefit Solutions P.O. Box 1580 Mail Stop 3-5 Neptune NJ 07754-1580

AUTHORIZATION

1. I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, MIB, Inc., formerly known as Medical Information Bureau, or other organization, institution or person that has any records or knowledge of me or my health, to give to The United States Life Insurance Company in the City of New York (United States Life) or its reinsurers any such information. Such information will pertain to my employment, or other insurance carrier or 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 United States Life to collect and transmit such information. 2. I understand that this information will be used by United States Life solely to determine eligibility for insurance. 3. I understand that I may revoke this authorization at any time. I agree that such revocation will not affect any action which United States Life has taken in reliance upon this authorization. I understand this authorization will not be valid after 24 months, if not revoked earlier. 4. I know that I should retain a copy of this authorization for my records. 5. I agree that a photocopy of this authorization is as valid as the original. 6. To the best of my knowledge and belief, all statements made above are true and complete. All statements are representations and not warranties. 7. 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 insured's; and (b) while there is no change in the insurability or health of such person from that stated in the application. 8. I authorize deductions from earnings for the costs of this insurance. 9. I designate the beneficiary named on this form to receive the proceeds, if any payable upon my death.

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

The following statement does not apply to an application for life insurance in 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 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.

_____ ➧ _____

(DATE SIGNED) *(SIGNATURE OF EMPLOYEE/MEMBER)*

_____ ➧ _____

(DATE SIGNED) *(SIGNATURE OF SPOUSE, IF APPLYING FOR INSURANCE)*

➧ Witness to above Signature(s): _____

BENEFICIARY DESIGNATION

Unless you otherwise request below, the employee/member named in 2 above will be the beneficiary of any spouse and children insurance applied for, and the spouse named in 5 above will be the beneficiary of any employee/member insurance applied for. For an employee/member, if you have no spouse or children and no one is named below, proceeds will be payable to the estate of the insured:

Beneficiary of Employee
and Relationship _____

Beneficiary of Spouse
and Relationship _____

Beneficiary of Employee
and Relationship _____

Beneficiary of Spouse
and Relationship _____