

GROUP FIRM TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE APPLICATION

Group Master Application/Firm Participation Agreement For Members of the American Institute of Architects

Complete this form and return to:
The AIA Trust Insurance Program
P.O. Box 1889
Sioux Falls, SD 57101

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

Requested Effective Date
MM/DD/YYYY

New Plan _____
Amendment _____

1 Employer Information

Please print in ink or type. Do not use correction fluid or gel pens. Initial and date any changes made.

Name of Employer _____

Mailing Address _____

City, State, Zip _____

Name & Title of Correspondent/Administrator _____

Primary Phone _____ Work Phone _____

Fax Number _____ Email _____ For internal use only. Email will never be sold or shared.

Membership Affiliation - Occupation Status:

Association Membership is required for participation in this plan. AIA Membership # _____

AIA Member Name (First, MI, Last) _____ Choose one: Owner Parther Officer

Nature of Business A r c h i t e c t u r a l F i r m SIC Code 8 7 1 2

Type of Business LLC C-Corporation Partnership S-Corporation Non-Profit Other IF OTHER INDICATE TYPE

Eligible Class Description All active full-time employees working a minimum of 20 hours per week

Number of Eligible Full-Time Employees _____ Number Applying _____

NOTE: 100% Participation required for Non-Contributory Coverage and 75% Participation required for Contributory Coverage

Name of Present Group Carrier for Basic Life/ AD&D if applicable: _____

Cancellation date MM/DD/YYYY No Current Coverage

2 Insurance Requested

What coverage are you applying for?

Employee Basic Life /AD&D Insurance (choose one) <input type="radio"/> Firm Paid (100% Participation required if paid by Firm) <input type="radio"/> Employee Contribution* _____ % amount	Options: (choose one) <input type="radio"/> Option 1: 100% of employee salary not to exceed \$50,000 <input type="radio"/> Option 2: 200% of employee salary not to exceed \$100,000
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Waiting Period
• For Present Employees : NONE
• For Future Employees: Upon Completion of 90 days

***NOTE:** for firms with 4 or more employees, you can choose to have employees contribute up to 75% of the cost of their premiums.

Effective Date after Waiting Period: First of the Following Month

2 Insurance Requested....Continued

List the employees not actively at work on the proposed Effective Date.
Give a detailed reason for the absence. (Attach additional sheet of necessary.)

EMPLOYEE NAME	DATE OF BIRTH	INSURANCE AMOUNT	PERIOD OF ABSENCE	REASON FOR ABSENCE

NOTE: Coverage for your company will not be effective until it is approved in writing by NEW York Life Insurance Company.

3 Fraud Notice

FRAUD NOTICE – For Residents of all states except those listed below: 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 there to 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.

RESIDENTS OF CA: 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. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

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 NY (applicable to AD&D only): any person who knowingly and with intent to defraud any insurance company or any 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 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.

4 Authorization and signature:

Group insurance at New York Life's rates and under the terms of the policy(ies) applied for will take effect on the Requested Effective Date if all requested information is received on a timely basis and if the Application is accepted in writing by New York Life Insurance Company.

If certain persons eligible are to contribute to the cost of the Group Insurance, such Group Insurance will take effect on the later of the date the required number have enrolled, or on the Effective Date Requested. **DO NOT CANCEL YOUR CURRENT PLAN UNTIL THIS APPLICATION HAS BEEN APPROVED BY NEW YORK LIFE.**

It is understood that no individual shall become insured while not actively at work on a full time basis of 20 or more hours per week at the Employer's place of business, and only full time employees shall be eligible.


It is further understood that no insurance will be effective until the plan is accepted in writing by New York Life. No contract of Insurance is to be implied in any way on the basis of the completion and submission of the specifications shown on this form.

THE EMPLOYER DECLARES: That he/she has read the above statement and to the best of his/her knowledge, the answers to the above questions are complete and true. The Employer agrees: (1) that this Application is offered as an inducement for the Group Insurance applied for; (2) that this Application will form a part of any policy issued; (3) that the information on the Application will not bind New York Life; and (4) that no waiver or change will bind New York Life unless signed by the President or Secretary of New York Life. Group Insurance will only be provided for persons eligible under the policy(ies) issued.

By signing and dating this application, I request the insurance indicated for my Firm, understand the effective date criteria, and attest that to the best of my knowledge and belief, the statements made above are true and complete.

Member's Signature (PLEASE SIGN AND DATE IN INK)

Date



/ /

Print Name

Title

Company Name

Signed At (city and state)

Each eligible employee must complete the Guarantee Issue Employee Application to be considered for approval. All Employee Applications must be sent in with this Employer Participation Agreement Application form.