


**Application for GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
for Members of the National Postal Mail Handlers Union (NPMHU)**

Issued through the Voluntary Benefits Plan® Insurance Trust

Complete this form and return to:
UNION MEMBER BENEFITS PLAN
P.O. Box 12009
Cheshire, CT 06410

**UNION MEMBER
BENEFITS PLAN**
Benefits for Members of the National Postal Mailers Handlers Union

This is a request for Group Insurance from:
 New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

SECTION A – MEMBER INFORMATION

PLEASE PRINT IN INK OR TYPE ALL ANSWERS

Member's Name: _____ Social Security Number: _____
Last Name First Middle Initial

Home Address: _____
Street City State Zip Code

Home Phone: (____) _____ E-mail: _____

Date of Birth: ____/____/____ Sex: Male Female Local: _____
(MM/DD/YYYY)

Are you now at WORK FULL-TIME? Yes No Date of Hire: ____/____/____
(MM/DD/YYYY)

Are you presently insured under any other benefit plans provided by the Union Member Benefits Plan? Yes No

If "Yes," which other plan(s) from Union Member Benefits Plan do you have? _____

SECTION B – INSURANCE REQUESTED

SELECT BENEFIT AMOUNT: (Check one) \$30,000 \$90,000 \$150,000 \$210,000 \$270,000
 \$60,000 \$120,000 \$180,000 \$240,000 \$300,000

COVERAGE: (Check one) Coverage for MEMBER ONLY Coverage for FAMILY - including Member, Spouse and/or eligible Children

BENEFICIARY:

Name of Beneficiary _____ Relationship _____

Home Phone: (____) _____ Social Security Number: _____

READ AND SIGN:

By signing and dating this application, the member **requests** the insurance indicated; and the member and any person proposed for insurance **attest** to having read the Fraud Notices indicated enclosed, and that to the best of my knowledge and belief, the answers provided to the questions are true and complete. I understand that the insurance shall become effective on the first pay-day after the premium is deducted from my pay-check and the completed enrollment form is received by the Union Member Benefits Plan during my lifetime, for covered accidents occurring after the effective date stated in my certificate.

Member Signature X (Sign in ink)

____/____/____
Date

G-29315-12

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IMPORTANT FRAUD NOTICES

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 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:** 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 MD:** Any person who knowingly or willfully presents a false or 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 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 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:** For accident and health insurance 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 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.

7.2013 ed.

GMA-GI L/H1 GMA-PR1 GPA-DI-EZ-2 GPA-GI-EZ-3

UNDERWRITTEN BY:



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

BROKERED AND
ADMINISTERED BY:

UNION MEMBER
BENEFITS PLAN
www.UnionMemberBenefitsPlan.com

Alliant Services Houston, Inc.
P.O. BOX 12009 • Cheshire, CT 06410

G-29315-8 / G-29315-9 / G-29315-10 / G-29315-11 / 29315-5

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