

My Pay Partner™

Accident Disability Insurance Program



GUARANTEED ACCEPTANCE ENROLLMENT FORM

Simply fill out the enrollment form and send it to us today! There are **NO** other forms or paperwork to complete. Once we receive your form, we'll email your Certificate of Insurance to you right away!

Please print in black or blue non-erasable ink. If you should make a mistake, simply write the correct information and initial all changes.

Request for Group Insurance from
New York Life Insurance Company,
New York, NY 10010



Policyholder: Attorneys Group Insurance Trust

INSURED INFORMATION

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Phone (Day/Cell) _____ (Home) _____ Email _____

Male Female Date of Birth ____ / ____ / ____

INSURANCE REQUESTED: (Refer to the brochure for eligibility, options, and coverage description)

I HEREBY APPLY FOR THE FOLLOWING COVERAGE: New Additional

CHECK ONE! PREMIUMS YOU PAY JUST ONCE A YEAR.

Monthly Benefit

\$2,000

\$2,500

\$3,000

60 Day Waiting Period

\$ 96.00

\$ 120.00

\$ 144.00

90 Day Waiting Period

\$ 72.00

\$ 90.00

\$ 108.00

I hereby request coverage under the My Pay Partner™ Accident Disability Insurance Program. I affirm that I am the person listed and shown above, and I represent that I am under age 70, work at least 30 hours a week, and that the statements above are true and complete to the best of my knowledge and belief and are binding. By selecting coverage under this plan, I affirm that I am not currently receiving benefits in the form of periodic cash payments for a disability and the benefit cannot exceed 70% of my average monthly earnings. I have read and understand the fraud notice below.

SIGNATURE X: _____ DATE : _____

Thank you for taking the time to complete your application!

For your convenience, we've included a postage-paid envelope for you to use when returning your application. Send us your application today. We'll be in touch with you shortly!

Please mail your application in the enclosed envelope to:

Attorneys Group Insurance Plans, P.O. Box 3930, Peoria Heights, IL 61612-3930

Please call us with ANY questions.

(800) 323-4487

9AM to 5PM Central Time, every business day.

FRAUD NOTICES. Protecting the Integrity of the Program. 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 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. **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 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 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 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:** 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.