INFORM Group Accidental Death & Dismemberment Insurance Plan

Request for Group Insurance Program from
New York Life Insurance Company
51 Madison Avenue, New York, NY 10010

Send no money now. Complete this form and return to:
Administrator, Group Insurance Program, P.O. Box 10374, Des Moines, IA 50306-8812.
For residents of Puerto Rico, the address is:
Global Insurance Agency, Inc., P.O. Box 9023918, San Juan, PR00902-3918

1. INSURANCE REQUESTED: I HEREBY APPLY FOR THE FOLLOWING COVERAGE

$500,000.00	❑ Member & Family	❑ Member Only	
$250,000.00	❑ Member & Family	❑ Member Only	
$150,000.00	❑ Member & Family	❑ Member Only	
$_____*	❑ Member & Family	❑ Member Only	*The benefit level must be in $50,000.00 increments.

NOTE: If you select family coverage, the benefit amounts for your spouse and children are based on your family status. Please see enclosures for details.
After the first billing, to avoid future billing fees, select Electronic Funds Transfer (EFT) as a secure payment option.

2. PERSONAL INFORMATION

Name: _____ (Last / First / MI)

INFORM Member Number:_____

Add 1: _____

Date of Birth: ____/____/_____ (mm/dd/yyyy)

Add 2: _____

City, St., Zip: _____

Marital Status: ❑ Married ❑ Divorced ❑ Single ❑ Widow(ed) ❑ Civil Union* ❑ Domestic Partner*
*Eligibility of Domestic Partner/Civil Union partners is determined by state law.

3. PAYMENT OPTION (Choose only one)

❑ **OPTION 1: Electronic Funds Transfer (EFT):** I request and authorize the INFORM-endorsed Group Insurance Programs, Inc. to make quarterly withdrawals against the account specified on the attached voided check and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions due under this Group Accidental Death & Dismemberment Insurance Plan. (Enclose a voided check.)

X_____**Date X**_____
(Signature(s) as required on checks issued/withdrawals made against this account.)

❑ **OPTION 2: Periodic Billing:** Semiannually, Select Electronic Funds Transfer to save the $2.00 billing fee.

4. BENEFICIARY

The death benefit will be paid in the following order of survival: Spouse, children equally, parents equally, brothers and sisters equally or to the owner's estate. An alternative beneficiary(ies) can be designated by contacting the Plan Administrator at 1-800-424-9883.

5. PLEASE READ, SIGN AND DATE

I hereby enroll with New York Life Insurance Company of New York, New York, for coverage under the INFORM Group Accidental Death and Dismemberment Plan. I have read and understand the attached Fraud Warnings and conditions and exclusions of the program. I understand my coverage will become effective upon the first day of the month following the administrator's receipt of this enrollment form and my premium payment.

Member's Signature **X**_____Date **X** _____

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FRAUD NOTICE

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.

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 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.

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Group Accidental Death & Dismemberment Insurance

Underwritten by New York Life Insurance Company

For INFORM Members and Their Families

$50,000 TO $500,000 MEMBER COVERAGE!

Accidents. Television and newspapers report them every day. But what if one happened to you? Would your family have the financial resources to survive the crisis? If you travel a great deal in your work ... or if you are subject to possible injury on the job ... you may need INFORM Group Accidental Death & Dismemberment Insurance. It helps protect you and your insured family members by providing accident protection that covers you year round ... anywhere in the world.

WHO IS ELIGIBLE?

As a member of INFORM under age 70, you are eligible to apply for coverage for yourself, your lawful spouse under age 70, and unmarried dependent children under age 19 (26 if a full-time student). To become insured, a completed Form must be submitted and the required premium contribution must be paid when billed.

This coverage is available to residents of the United States (except FL, NC, OR, SD, VT, WA and territories) and Puerto Rico.

WHAT YOU CAN CHOOSE

You may select a Principal Sum ranging from $50,000 to $500,000 (in units of $50,000) for yourself – at member-only rates. You have a choice of whom you wish to insure – Member Only Coverage or Family Coverage. Member Only Coverage pays benefits for covered accidental death or injury for you alone. Family Coverage is designed to cover all of your eligible dependents for benefit amounts based on a percentage of your Principal Sum.

An individual may not be insured under one or more AD&D Group Policies underwritten by New York Life for a total amount of AD&D coverage that exceeds current over-insurance standards.

When you reach age 70, coverage converts to Common Carrier Travel Accident Insurance and the total coverage amount you have in force under this Policy may not exceed $100,000. Common Carrier coverage protects against accidents that occur while riding on a public conveyance – airplane, bus, train, or taxi.

HOW IT WORKS

Schedule of Benefits

Except as stated in the description of the Disappearance benefit below, for an injury directly and independently caused by an accident while coverage is in force for you, your spouse or your child, the benefits specified below will be paid if such resulting loss(es) occur within 365 days of that accident.

Benefits are payable for the following losses:

FULL PRINCIPAL SUM for loss of: life; or two limbs; or movement of both upper and lower limbs (quadriplegia); or sight of both eyes; or both speech and hearing; or one limb and sight of one eye.

THREE-QUARTERS OF PRINCIPAL SUM for loss of: movement of both lower limbs (paraplegia).

ONE-HALF OF PRINCIPAL SUM for loss of: one limb; or movement of both upper and lower limbs on one side of the body (hemiplegia); or sight of one eye; or speech; or hearing.

ONE-QUARTER OF PRINCIPAL SUM for loss of the thumb and index finger of either hand.

Loss means: with reference to limbs, actual severance through or above the wrist or ankle joints; with reference to thumb and index finger, actual severance through or above metacarpophalangeal joints; with reference to sight, speech or hearing, entire and irrevocable loss thereof; and with reference to movement, complete and irreversible paralysis of such limbs.

Disappearance – If an insured is riding in a conveyance and such conveyance either disappears or sinks as a result of an accident and the insured's body is not found within one year after that accident, the insured will be presumed dead, as a result of accidental injury, and the benefit in effect will be payable.

The total benefit payable for all losses due to a single accident will not be more than the Principal Sum. Only one of the sums, the largest, will be paid for all injuries to the same limb resulting from one accident.

YOUR COST

Current 2023 Annual Premium Contributions

Member Only Coverage

Member's Principal Sum	When Member is Under Age 70	When Member is Age 70 & Over*
$50,000	$24.00	$24.00
100,000	48.00	48.00
150,000	72.00	Not Available
200,000	96.00	Not Available
250,000	120.00	Not Available
300,000	144.00	Not Available
350,000	168.00	Not Available
400,000	192.00	Not Available
450,000	216.00	Not Available
500,000	240.00	Not Available

Family Coverage**

Principal Sums			Annual Premium Contributions When Member is	
Member	Spouse	Each Child	Under Age 70	Age 70 & Over*
$50,000	$25,000	$5,000	$36.00	$36.00
100,000	50,000	10,000	72.00	72.00
150,000	75,000	15,000	108.00	N/A
200,000	100,000	20,000	144.00	N/A
250,000	125,000	25,000	180.00	N/A
300,000	150,000	30,000	216.00	N/A
350,000	175,000	35,000	252.00	N/A
400,000	200,000	40,000	288.00	N/A
450,000	225,000	45,000	324.00	N/A
500,000	250,000	50,000	360.00	N/A

*Renewal Only. On the premium due date on or immediately after the date the member reaches age 70, the member may not carry a coverage amount totaling more than $100,000 under policy G-29319, and all coverage converts to Common Carrier Travel Accident.

**Under Family Coverage, if on the date of the accident no dependent spouse is covered, dependent child coverage increases to 15% (instead of 10%). Under Family Coverage, if on the date of the accident spouse only is covered, the percentage is 60%.

If applicable, an additional $2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date and any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds. For example, a class of insureds is a group of people all with the same issue age. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustee of the Preferred Group Trust.

FEATURES

The Following Benefits Are Payable In Addition To Any Other Benefits Received Under the Coverage Provided if the Member is Under Age 70

- Common Carrier Benefit
  If a covered loss occurs as a result of an accident while a passenger on a licensed common carrier (train, bus, etc.), an additional $25,000 benefit will be payable.
- Repatriation Benefit
  If a covered accidental death occurs outside of the insured person's state of residence, an additional benefit equaling of the actual expenses incurred will be paid for the preparation and transportation of the body to the place of burial or cremation. The benefit will not exceed the lesser of $25,000 or 25% of the Principal Sum.
- Rehabilitation Benefit
  Rehabilitation training can help an insured person return to former productivity following an accident. This benefit may be paid for a covered loss other than loss of life. The amount paid will equal the actual expenses incurred for rehabilitation training up to a maximum of $10,000. The expense must be incurred within two years after the date of the accident.
- Seat Belt Benefit
  If an insured person is involved in an automobile accident in which he/she was properly wearing a seatbelt, and dies within 365 days as a result of that accident, the beneficiary can receive an additional amount which is the lesser of $50,000 or 50% of the Principal Sum payable. Please refer to the Certificate of Insurance for certain limitations and conditions on this benefit.
- Education Benefit
  If the benefit for loss of life is payable with respect to the insured member, and his/her dependents are covered by this Policy on the date of the accident, this Policy will pay an education benefit equal to the lesser of: 2% of the member's Principal Sum; $2,500 or; the actual cost of tuition for one school year. This benefit will be payable each year up to four years, for each insured dependent who is enrolled (or enrolls within 365 days of the accident) as a full-time student at an institution of higher learning (college, university or trade school). In addition, if no insured spouse or child qualifies for this benefit following the covered loss of the member's life, a lump sum benefit equal to 2% of the member's principal amount will be payable.
- Spouse Critical Period
  If either the insured member or insured spouse dies as a result of a covered accident, the survivor will receive additional monthly payments equal to 1% of the member's Principal Sum. These payments will be made until the earlier of six months or the survivor's death.
- Adaptive Home/Auto Benefit
  If a covered loss (other than loss of life) results in a physical disability, and, because of that disability, an insured person incurs expenses necessary to modify his/her home and/or car, a benefit amount equal to the lesser of 5% of the Principal Sum or $5,000 is payable. Please refer to the Certificate of Insurance for certain limitations and conditions on this benefit.
- Burn Disfigurement
  If a covered loss causes an insured to suffer a disfigurement due to burns, covering at least 5% of the body, an additional benefit equal to the lesser of 10% of the Principal Sum or $30,000 will be payable.

- Day Care Benefit
  If the insured Member's death results from a covered loss and his or her children, under age 13, are enrolled in a Day Care program at the time of the loss (proof of enrollment is required; details will be found in your Certificate of Insurance), a benefit equal to the lesser of 5% of the Member's Principal Sum, or $2,500, or the actual Day Care costs for one year, is payable. The benefit is paid each year for each child who qualifies, except that no more than four Day Care Benefits will be paid for each such child. If the insured Member has no child eligible for this benefit at the time of the covered loss, a benefit of $500 will be paid.
- Elder Care
  If an insured's death is the result of a covered accident and that insured's elderly relative (other than a spouse) was dependent on the insured for support and maintenance, a benefit equal to the lesser of 5% of the Principal Sum or $5,000 will be payable.
- Common Disaster
  If both the insured member and spouse die within one year of same or separate accidents that occurred within the same 24-hour period, in addition to the benefit payable for loss of life for each, the insured spouse benefit amount for loss of life will be increased to 100% of the member's Principal Sum if the member and spouse are survived by one or more eligible children and the combined member and spouse Principal Sums do not exceed $500,000.

Only The Following Benefit Is Payable At Member Age 70 and After

- Common Carrier Travel Accident Benefit
  When the insured Member reaches Age 70, coverage is converted to Common Carrier Travel Accident Insurance only. A benefit is payable for a covered loss which is the result of an accident while traveling as a passenger in a common carrier (such as a train, bus, aircraft) properly licensed and operated for that purpose. Total amounts of coverage under this Policy in excess of $100,000 will be reduced to $100,000.

Exclusions and Limitations

No benefit will be payable for any loss that occurs during or is due or related to or resulting from: participation in or incarceration resulting from, in a role other than as victim, commission of a felony, or illegal occupation/activity; voluntary intake of drugs, narcotics or intoxicants, unless taken as prescribed by a physician; illegal use of drugs or intoxicants, or legal intoxication; any declared or undeclared war or act thereof; operating, riding in or descending from any aircraft except when riding as a passenger; physical or mental sickness or medical/surgical treatment thereof; suicide or intentionally self-inflicted injury while sane or insane.

In addition, when you reach age 70, coverage converts to Common Carrier Travel Accident Insurance, and if your total coverage amount exceeds $100,000 it is reduced to $100,000. This applies to all the coverage you have under Policy G-29319.

BENEFICIARY

You may select any person, persons, trust or other legal entity as your beneficiary. If, at the time of your death, there are no surviving beneficiaries, benefits will be paid to the executor or administrator of your estate, or at the option of New York Life, to the surviving relatives in the following order of survival: spouse; children equally; parents equally; or brothers and sisters equally. The member is the beneficiary for spouse's and children's coverage. If you wish to designate a different beneficiary, simply contact the Administrator at 1-800-424-9883 for a Beneficiary Form.

WHEN COVERAGE ENDS

Insurance will terminate on the occurrence of the earliest of these conditions: if premium contributions are not paid when due; if the Group Policy is terminated or modified by the Policyholder or New York Life Insurance Company to end insurance for the group of insureds to which the insured belongs; for any insured person, if the Principal Sum for that insured has been paid; for dependent spouse and/or child coverage, if member coverage ends, except that such dependent coverage may be continued if the member's Principal Sum has been paid; for a dependent spouse, when he/she is no longer a lawful married spouse; for a dependent child, upon reaching age 19 (26 if a full-time student). A member's surviving spouse and children may continue coverage if it was in force at the time of the member's death, as described in the Certificate of Insurance.

EFFECTIVE DATE

Insurance for you and your eligible dependents will become effective on the date specified by New York Life Insurance Company provided the initial contribution is paid when due and you and your approved dependents are actively performing the normal activities of a person in good health of like age *[For NC residents: a person of like age]* on that date. Dependent insurance will not take effect unless your insurance is in effect on a premium paying basis, and any person who is not performing his/her normal activities as required will not become insured until the date he/she is performing such activities, provided such date is within three months of the date insurance would have been effective and the person is still eligible. (Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by New York Life Insurance Company.)

CERTIFICATE OF INSURANCE

When you become insured you will be sent a Certificate of Insurance summarizing your coverage. This brochure contains only a brief description of some of the policy's principal provisions and features. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Trustee of the Preferred Group Trust.

30-DAY FREE LOOK

When you receive your Certificate of Insurance, read it carefully. If you're not completely satisfied with the terms of your new insurance policy, simply return your Certificate, without claim, within 30 days and your premium will be promptly refunded, and your insurance will then be invalidated.

HOW TO APPLY

Consider Your Eligibility

Before you request coverage, you must be a member in good standing of INFORM. If you have any questions regarding membership, please contact INFORM directly.

1. Select your Principal Sum and read the rate chart to find the premium for the amount of coverage desired under the Member Only or Family Coverage.
2. Mail completed Form in the enclosed envelope to:

   Administrator,
   INFORM Group Insurance Program
   P.O. Box 10374
   Des Moines, IA 50306-8812
   (Residents of Puerto Rico, please see instructions below.)

Residents of Puerto Rico:
Please send your completed Form to:
Global Insurance Agency, Inc.
P.O. Box 9023918
San Juan, PR 00902-3918

HOW TO FILE A CLAIM

To file a claim, write the Administrator for claim forms or call 1-800-424-9883.

This Group Accidental Death & Dismemberment Insurance is Underwritten by:

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
under Group Policy No. G-29319-0
on Policy Form GMR-FACE/G-29319-0

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This Group Accidental Death & Dismemberment Insurance is Administered by:

AMBA Administrators, Inc.

INFORM Group Insurance Program
P.O. Box 10374
Des Moines, IA 50306-8812

1-800-424-9883
www.informs.insurancetrustsite.com

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AD113P-47341
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