



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

Request to New York Life Insurance Company for Group Hospital & Home Care Recovery Insurance

Guaranteed Issue Offer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: (_____) _____ Home Cell Work

Date of Birth: _____ Social Security #: _____

Sex: Male Female Marital Status: Married Single Domestic Partnership

INSURANCE REQUESTED: (refer to brochure for eligibility and coverage description)

I hereby apply for Hospital & Home Care Recovery Insurance for:

Member and: Spouse or Domestic Partner (Completion of a Declaration of Domestic Partnership will be required)

Complete if enrolling Spouse or Domestic Partner **Please note additional premium is required.*

Spouse/Domestic Partner Name: _____

Spouse/Domestic Partner Sex: Male Female Spouse/Domestic Partner Date of Birth: _____

Spouse/Domestic Partner Social Security #: _____

Please note: Coverage is effective the first day of the month following the date the enrollment form and initial payment are received.

By signing and dating this application, the member **requests** the insurance indicated; understands that this plan will not cover Preexisting Conditions (A Preexisting condition means an Injury, Sickness or Pregnancy or any related condition for which a person consults a doctor, receives medical services or supplies or takes any medication during the six month period immediately before the initial Insurance Date. A Preexisting Condition does not include any such condition after such person has been continuously insured under the Policy for six months.), and the member and any person proposed for insurance **attest** to having read the Fraud Notice indicated below, and to the best of my knowledge and belief, the answers provided to the questions are true and complete.

Member's Signature: _____ **Date:** _____

Fraud Notice: Residents of NY: Any persons 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.