

NEW YORK LIFE INSURANCE COMPANY  
FINANCIAL STATEMENT

SUPPLEMENT TO REQUEST FOR GROUP INSURANCE  
(PLEASE COMPLETE BOTH SIDES)

If any question does not apply, indicate "none"

APPLICANT'S NAME: \_\_\_\_\_  
(please print)

NAME OF GROUP PLAN/POLICY NUMBER: \_\_\_\_\_

Please complete the following questions:

1. Are you self-employed? \_\_\_\_\_ If self-employed, complete the following:  
(If "no", go to question #4)
  - (a) How Long? \_\_\_\_\_
  - (b) What percentage of the business do you own? \_\_\_\_\_
  
2. If self-employed, are you working jointly with your spouse? \_\_\_\_\_ If "yes":
  - (a) How many other employees in the business? \_\_\_\_\_
  - (b) How many employees are relatives? \_\_\_\_\_
  
3. Are you working out of your home? \_\_\_\_\_ If "yes", is any work conducted outside the home? \_\_\_\_\_  
Please explain and/or provide details including average number of days per week clients are seen:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. If not self-employed, how long are you employed at your current place of business? \_\_\_\_\_
  
5. If less than one year, how long were you employed with your previous employer? \_\_\_\_\_  
Please provide employer history (names/addresses) for the last five years:
  
6. How many hours per week are you working? \_\_\_\_\_
  
7. Describe your duties:
  
8. Do you earn income from other occupations? \_\_\_\_\_
  
9.
  - a) Are you a permanent U.S. or Canadian resident? \_\_\_\_\_
  - b) Do you intend to live or travel outside of the U.S. or Canada? \_\_\_\_\_  
If "yes", for how long? \_\_\_\_\_
  - c) Have you lived or traveled outside the U.S. or Canada in the past two years? \_\_\_\_\_  
If "yes" please provide details:

FINANCIAL STATEMENT (continued)  
CONFIDENTIAL FINANCIAL INFORMATION – (COMPLETE BOTH SIDES)

If any question does not apply, indicate "none"

I. TOTAL NET WORTH (Assets minus Liabilities): \$ \_\_\_\_\_

II. TOTAL ANNUAL UNEARNED INCOME  
(as reported to IRS-e.g., Interest, Dividends, Royalties, Rental Income, etc.) \$ \_\_\_\_\_

III. IF SELF-EMPLOYED - Complete all sources of income:

A. SOLE PROPRIETOR OR PARTNER

Gross earned income (share of partnership income)  
past 12 months of fiscal year ending \_\_\_\_\_  
(Gross earnings before business expenses and taxes) \$ \_\_\_\_\_

Total business expenses for above period (your share) (Minus) \$ \_\_\_\_\_

Net earned income, before personal income tax \$ \_\_\_\_\_

B. PROFESSIONAL CORPORATION

Annual salary drawn currently \$ \_\_\_\_\_

Your share of S-Corp distribution, if any (Plus) \$ \_\_\_\_\_

Your share of dividends (Plus) \$ \_\_\_\_\_

Payment of bonus (Plus) \$ \_\_\_\_\_

Payment of commission (Plus) \$ \_\_\_\_\_

(Was the bonus/commissions a one-time payment, or annual payment?) \_\_\_\_\_

Annual Cost of corporate-paid benefits (Plus) \$ \_\_\_\_\_

(e.g. Life or Health Insurance premiums, pension or profit sharing trust contributions  
paid on your behalf):

Total annual earned income \$ \_\_\_\_\_

IV. IF EMPLOYED –  
Annual salary \$ \_\_\_\_\_

V. DISABILITY INSURANCE IN FORCE – INCLUDE ANY GROUP DISABILITY BENEFITS  
Company    Policy    Benefit    Elimination Period    Maximum Benefit Period

\_\_\_\_\_

VI. DISABILITY INSURANCE APPLIED FOR WITH ANOTHER COMPANY/COMPANIES

\_\_\_\_\_

VII. Will coverage applied for with us replace any of the above? Yes \_\_\_ No \_\_\_  
(If yes, indicate which, and date it will be terminated) \_\_\_\_\_

I understand that any insurance issued will be in consideration of the answers and statements provided on this form which supplements my request for group insurance and on any other form(s) or documents signed by me and made part of the certificate of insurance, if issued. I also understand insurance may be invalidated if New York Life finds that I have not answered the questions on this form truthfully and completely.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Accountant \_\_\_\_\_ Date \_\_\_\_\_  
(optional unless requested)