



Short-Term Disability Insurance Optional Extended Maternity Benefit Provision effective November 1, 2019

Complete this form and return to:
AVMA LIFE Trust Program Administrator ♦ 1200 E. Glen Ave. ♦ Peoria Heights, IL 61616-5384

Please print in ink or type all answers – initial and date any changes you make

Request for Group Insurance From New York Life Insurance Company 51 Madison Avenue • New York, NY 10010		Group Policies G-14884-0	GROUP INSURANCE CERTIFICATE #	
		SOCIAL SECURITY NO.		
MEMBER'S FULL NAME		DATE OF BIRTH		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS				
CITY		STATE	ZIP CODE	HOME PHONE
BILLING ADDRESS				
CITY		STATE	ZIP CODE	MOBILE PHONE
FAX NUMBER	EMAIL ADDRESS			BUSINESS PHONE
SEND CORRESPONDENCE TO: (bills, certificates and other correspondence) <input type="checkbox"/> Home <input type="checkbox"/> Billing				
Please identify if any of the above information is new or represents a change to your account information on file:				
I HEREBY APPLY FOR THE FOLLOWING SHORT-TERM DISABILITY INCOME - OPTONAL BENEFIT The cost for this optional benefit is based upon the option selected and the plan for which I am currently insured under: <ul style="list-style-type: none"> PLAN 1 = 1st Day Accident or Hospitalization / 8th Day Illness Waiting Period PLAN 2 = 30 Day Waiting Period 				
Maternity Disability - Extended Maximum Benefit Period (Select One) <ul style="list-style-type: none"> <input type="checkbox"/> Option 1: Up to an Additional 30 Days (60-Day Maximum Benefit Period) <ul style="list-style-type: none"> PLAN 1: additional \$2.81 per \$100 benefit PLAN 2: additional \$1.62 per \$100 benefit <input type="checkbox"/> Option 2: Up to an Additional 60 Days (90-Day Maximum Benefit Period) <ul style="list-style-type: none"> PLAN 1: additional \$5.00 per \$100 benefit PLAN 2: additional \$2.86 per \$100 benefit 				
READ & SIGN				
<p>I request the optional benefit shown above. I understand that (a) this optional benefit will become effective on November 1, 2019 provided I apply within the limited-time enrollment period indicated above and (b) this is a one-time opportunity for me to apply for this Maternity Disability Extended Maximum Benefit Period Option.</p> <p>I also understand that Maternity Disabilities commencing November 1, 2019 or later will not be paid until such time that my Short-Term Disability Insurance coverage has been in-force for 12 continuous months following my effective date of coverage.</p> <p>By signing and dating this application, I (a) request the insurance indicated; (b) understand the effective date criteria; (c) attest to having read the Fraud Notices indicated on page 2; and (d) attest that to the best of my knowledge and belief, the answers to the questions are true and complete.</p>				
Member's Signature _____				Date _____

GMA-GI L/H 1

Application continued – see following page

G-14884-0

193335-AVMALIFE-DI-WEB-APP

Once completed and dated, this should be submitted at once*:

AVMA LIFE Trust Program Administrator

1200 E. Glen Ave. ♦ Peoria Heights, IL 61616-5384 • Phone: 1-800-621-6360

*Residents of Puerto Rico - please send your completed application to: Global Insurance Agency, Inc., P.O. Box 9023919, San Juan, PR 00902-3918

Fraud Notices:

(Please read before signing the application form)

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.

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 and 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 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.

Last Page of Application

G-14884-0

193335-10/19

2

AVMA LIFE Trust Program Administrator

1200 E. Glen Ave. ♦ Peoria Heights, IL 61616-5384

Questions? Call 1-800-621-6360

Monday - Friday, 7am to 7pm Central Time