

**AVMA LIFE STUDENT NO-COST LIFE REGISTRATION FORM**

**The AVMA LIFE Trust is providing eligible SAVMA members \$25,000 of Term Life Insurance at no cost to you, compliments of the AVMA Trust.**

We recognize that you are focused on school. Being successful in veterinary school is a full-time job. To help take some of the stress off you, the AVMA LIFE Trust is providing \$25,000 of Family Group Life Insurance to eligible, active SAVMA members<sup>1</sup>. The AVMA LIFE Trust will take care of the premiums while you are in school and an active SAVMA member.

**Plan Highlights:**

- \$25,000 Life Insurance benefit that can be paid out to a beneficiary of your choice, if so designated<sup>2</sup>, to help protect those who mean the most to you
- The AVMA Trust will cover your premium
- You will be covered while you are an active, full-time student and SAVMA member
- No Application

**Please register<sup>3</sup> and designate a beneficiary.**

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SAVMA Number: \_\_\_\_\_

Permanent email address: \_\_\_\_\_

School email address: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

<sup>1</sup> This coverage is only available to eligible Student Members of the AVMA (SAVMA). SAVMA Members include the incoming freshmen that have been accepted to attend veterinary school. The SAVMA Member must be a resident of the United States and must be: (1) at least AGE 18, but less than AGE 65; (2) a full-time veterinary student at a veterinary school designated by the Policyholder; and (3) membership must be in good standing ("good standing" means that any membership dues have been paid and are up to date by November 1 of the academic year, or April 1 if a student is beginning school in a Winter term. If membership dues are not up to date no benefits would be payable.). This life coverage ends upon termination of SAVMA membership. Underwritten by New York Life Insurance Company (NY, NY 10010) on Group Policy Form G-14884-0/GMR-FACE.

<sup>2</sup> If you do not name a beneficiary, benefits will be paid in accord with policy provisions as indicated in your certificate of insurance. Visit [avmalife.org/students](http://avmalife.org/students) or call 800.621.6360 to obtain a copy of your certificate of insurance.

<sup>3</sup> **Eligible SAVMA members in PA, VA, and WI are required to register for this coverage to become insured.** To register, you can (a) complete and submit this form to your AVMA LIFE Trust Representative named below; (b) visit us online at [AVMALife.org/students](http://AVMALife.org/students); or (c) call customer service at 800.621.6360.

**TURN OVER PAGE TO DESIGNATE YOUR BENEFICIARY**

Your authorized AVMA LIFE Trust Representative is \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_