



Group Accidental Death Insurance Protection for AAMA members



Here's a way to help provide up to \$500,000 in added security for those who depend upon you

\$500,000 – for the most protection – at a monthly rate of \$30.00 or a semi-annual rate of \$180.00. Or pay a monthly rate of \$45.00 or a semi-annual rate of \$270.00 to cover you and your family.

\$25,000 – for a great value – at a monthly rate of \$1.50 or a semi-annual rate of \$9.00. Or pay a monthly rate of \$2.25 or a semi-annual rate of \$13.50 to cover you and your family.

Comprehensive Coverage That Can Include Your Family

You'll be covered 24 hours a day, no matter where you are – at work, at home, or traveling – up to age 70, as long as you remain a member of the association, the premiums are paid when due, and the group policy remains in force. The family plan lets you insure yourself, your spouse (if under age 70) and your unmarried dependent children (under 19, or under 23 if a full-time student).

Easy To Apply

There are no health questions to answer and no medical exams of any kind. You're eligible if you are a member in good standing with the American Association of Medical Assistants and are under age 70. You can apply for this coverage in minutes – just complete and return the application along with a check for your first premium payment (monthly or semi-annual), made payable to the plan administrator, NBFSA. A certificate will be mailed to you. It's that simple.

ACCIDENT FACTS

You may not think you need Accidental Death & Dismemberment Insurance, but consider that accidents are the leading cause of death for American up to age 44, and the fifth leading cause of death among people of all ages. In addition, a disabling injury occurs every second in this country, and every four minutes, an accident claims another American Life. (National Safety Council's 2015 Injury Facts®)

30 Day Free Look

When you receive your Certificate of Insurance, read it carefully.

If you are not completely satisfied with the terms of your new insurance, simply return your Certificate, without claim, within 30 days and your premium will be promptly refunded. Your insurance will then be invalidated.

Sponsored by: American Association of Medical Assistants

Because this group Accidental Death & Dismemberment insurance plan is designed to help meet the needs of AAMA members across the nation, it has received the sponsorship of the American Association of Medical Assistants. This means you can buy with confidence.

Administered by: NBFSA | P.O. Box 24279 | Winston Salem, NC 27114-4279

Questions? Call Toll-Free 888-200-5106

Licensed and appointed agent: Edward Klayman, Insurance License Numbers: AR:166052 CA:0B75061

Underwritten by: New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 on Policy Form GMR

See reverse for more information about the plan, coverage options, and insurance premiums >>>

Your Guide to Accidental Death & Dismemberment Insurance

A group plan designed specifically for members of the American Association of Medical Assistants

BENEFIT PAYMENTS

When injuries caused by a covered accident result in death or dismemberment within 365 days of an accident and the insurance company receives the required proof, this plan will pay the full benefit amount for loss of life, loss of two limbs, loss of sight of both eyes, loss of one limb and the sight of one eye, loss of speech and hearing, or loss of movement of both upper and lower limbs (quadriplegia). Three-quarters of the benefit amount will be paid for loss of movement of both lower limbs (paraplegia). One-half the benefit amount will be paid for loss of movement of both upper and lower limbs on one side of the body (hemiplegia), loss of one limb, loss of sight of one eye, or loss of speech or hearing. One-quarter of the benefit amount will be paid for loss of thumb and index finger of one hand.

EFFECTIVE DATE OF COVERAGE

All coverage issued will be effective on the 1st of the month following receipt of the application and the first premium payment.

RENEWABILITY

Once insurance protection is in place, coverage is renewable to age 70 as long as you remain a member of the association, the premiums are paid when due and the Group Policy remains in force. Coverage for your spouse and dependent children will end when your insurance ends. Spouse coverage will end the date the spouse attains age 70 or the marriage ends by divorce or annulment. Dependent children coverage ends the date they are no longer eligible.

RIGHT TO CHANGE BENEFITS, RATES OR TERMINATE THE PLAN

Changes to the group policy are subject to agreement between New York Life and the Group Policyholder. Rates can be changed by New York Life on any premium due date and on any date in which benefits are changed.

BENEFICIARY

You select the beneficiary for your coverage. Simply complete that section of the application. You may change the beneficiary at any time, unless irrevocable, by writing to the plan administrator. The member is automatically the beneficiary for all insured dependents.

EXCLUSIONS

The plan will not pay benefits if the loss is caused by: Intentional self-inflicted injuries while sane; Suicide or any attempt at suicide while sane or insane; War or act of war, Service or active duty in the armed forces of any country, Disease of the body, bodily or mental infirmity or any bacterial infection other than bacterial infection due directly to an accidental cut or wound or accidental ingestion of contaminated material; Active participation in a felony or riot, Air travel unless traveling solely as a passenger; Medical surgical or dental treatment that is unrelated to an accident, Use of drugs unless prescribed by a doctor or accidentally administered; Legal intoxication.

Your Choice of Coverage Amounts Ranging from \$25,000 to \$500,000

Rates are current as of 2016.

Group Insurance Premiums

ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE AMOUNT	<i>Member Only</i>		<i>Member & Family*</i>	
	MONTHLY	SEMI-ANNUAL	MONTHLY	SEMI-ANNUAL
\$500,000	\$30.00	\$180.00	\$45.00	\$270.00
\$400,000	\$24.00	\$144.00	\$36.00	\$216.00
\$300,000	\$18.00	\$108.00	\$27.00	\$162.00
\$200,000	\$12.00	\$72.00	\$18.00	\$108.00
\$100,000	\$6.00	\$36.00	\$9.00	\$54.00
\$ 50,000	\$3.00	\$18.00	\$4.50	\$27.00
\$ 25,000	\$1.50	\$9.00	\$2.25	\$13.50

Just complete and mail your application today to get this valuable insurance protection.

*Spouses under age 70 and unmarried dependent children under age 19 (or under 23 if a full time student) are eligible for coverage (subject to state variations). If Family Plan is selected, spouse is insured for 40% of Member Benefit (increases to 50% if no eligible children are insured) and dependent children are covered for 10% of Member Benefit (increases to 15% if no spouse is insured).



Application for

Group Accidental Death & Dismemberment (AD&D) Insurance

Request for Insurance from: New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010
PROVIDED THROUGH THE AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS



Member Information *Please print or type*

Name _____

Address _____

City, State, Zip _____

Date of Birth ____/____/____ Male Female Email _____

INSURANCE REQUESTED *Refer to the brochure for eligibility, options and coverage description*

I HEREBY APPLY FOR THE FOLLOWING COVERAGE:

- \$500,000 Member Only Family Plan
- \$400,000 Member Only Family Plan
- \$300,000 Member Only Family Plan
- \$200,000 Member Only Family Plan
- \$100,000 Member Only Family Plan
- \$50,000 Member Only Family Plan
- \$25,000 Member Only Family Plan

Select either the Member Only or Family Plan:
(Check one box only. If neither box is selected, you will receive Member Only coverage.)

Name of Beneficiary

Beneficiary Name _____

Address _____

City, State, Zip _____

Relationship to You _____

If no beneficiary is on record, benefits will be paid per the "Beneficiary Death Certificate" provision as outlined in your Certificate of Insurance.

Member's Signature *(Required)*

READ AND SIGN:

By signing and dating this application, the member **requests** the insurance indicated; **attest** to having read the Fraud Notices indicated on the enclosed, and that to the best of my knowledge and belief, the answers provided to the questions are true and complete.

Member's Signature X _____ Date _____

(Please sign and date in ink)

**COMPLETE, SIGN AND MAIL THIS APPLICATION FORM AND YOUR PAYMENT
IN THE PRE-ADDRESSED ENVELOPE PROVIDED.**

Or mail to: NBSFA, P.O. Box 24279, Winston-Salem, NC 27114-4279

This is a brief description of the features of the plan. It is not a contract. Complete terms, conditions, limitations and exclusions are set forth in the Group Policy G-30262-0/FACE issued by New York Life Insurance Company to the American Association of Medical Assistants. The Association incurs costs in connection with providing oversight and administrative support for the sponsored plan. To provide and maintain this valuable membership benefit, they are reimbursed for these costs. The Association may also receive a fee in connection with the plan.

FRAUD NOTICES

FRAUD NOTICE – For Residents of all states except those listed below and **NEW YORK**: 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 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 NY: For accident and health insurance only, 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 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.