GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE ENROLLMENT FORM FOR RESIDENTS OF MISSOURI

Please complete this form and return to:
NYSSCPA Insurance Plan Administrator, 1200 E. Glen Ave., Peoria Heights, IL 61616-5348
Questions: 800.342.6501

Underwritten by:
AIG **The United States Life Insurance Company in the City of New York**

Please print in ink or type. Do not use correction fluid or gel pens. Initial and date any changes you make.

STEP 1: MEMBER AND SPOUSE INFORMATION

Member Information

_____ ◯ Male ◯ Female
Name

Address

City State ZIP

Social Security # Birthdate (mm/dd/yyyy)

Phone Email

Place of Birth NYSSCPA Member ID #

Beneficiary *(You are the beneficiary in the event of your spouse's death.)*

Relationship

Spouse/Domestic Partner* Information (if applying)

_____ ◯ Male ◯ Female
Name

Address

City State ZIP

Social Security # Birthdate (mm/dd/yyyy)

Phone

Email

*Hereforth, wherever the term "Spouse" appears, it will also read as "Domestic Partner."

STEP 2: SELECT YOUR COVERAGE AMOUNT

Member

◯ $50,000 ◯ $100,000 ◯ $150,000 ◯ $200,000 ◯ $250,000
◯ $300,000 ◯ $350,000 ◯ $400,000 ◯ $450,000 ◯ $500,000

Spouse (may not exceed Member's) ◯ Not applying

◯ $50,000 ◯ $100,000 ◯ $150,000 ◯ $200,000 ◯ $250,000
◯ $300,000 ◯ $350,000 ◯ $400,000 ◯ $450,000 ◯ $500,000

STEP 3: SELECT YOUR BILLING PREFERENCE

I prefer to pay: ◯ Semi-Annual Direct Bill

Automatic Monthly Withdrawal ◯ Annually ◯ Semi-Annually ◯ Quarterly

Following your initial billing, you may choose to access a secure website to register and have your premium withdrawn from your bank account.

BE SURE TO COMPLETE ALL PAGES AND SIGN THE LAST PAGE

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STEP 4: SELECT YOUR BILLING PREFERENCE *Cont.*

I request and authorize withdrawals or charges against my account based on my selected payment method specified above, and such financial institution to process these withdrawals/charges as if I had signed them, for the purpose of collecting premium contributions due for the coverage listed above. I understand that by completing the required information regarding my enrollment I am authorizing automatic deductions/charges for the insurance premium from my account.

The premium, based on the plan I selected, will be deducted from or charged to my account as indicated above unless I call the plan administrator to cancel. I understand that I must contact the plan administrator if I wish to cancel these automatic deductions/charges or if I wish to cancel my insurance coverage.

I also understand that my authorization for the deduction is not part of my certificate of insurance, nor does it modify any terms or conditions contained therein. The insurance company is not liable if the financial institution dishonors any amount deducted/charged and may terminate my insurance coverage immediately if premium for my insurance is not paid. Payment of the initial premium is one of the conditions required in order for my coverage to be placed in effect. I understand that if the deduction/charge is declined for any reason, my coverage will not take effect.

STEP 5: AUTHORIZATION

I hereby enroll with The United States Life Insurance Company for coverage under this accidental death and dismemberment plan. I have read and understand the conditions and exclusions of the program. I understand the insurance applied for becomes effective on the first day of the month after receipt of my enrollment form and premium payment.

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact materially thereto, commits a fraudulent insurance act, which may be a crime.

Member's Signature: *(PLEASE SIGN AND DATE IN INK)* Date

Spouse's Signature: *(NECESSARY ONLY IF SPOUSE COVERAGE IS REQUESTED)* Date

BE SURE TO COMPLETE ALL PAGES AND SIGN THE LAST PAGE

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NYSSCPA Group Accidental Death & Dismemberment Insurance is administered by Pearl Insurance, 1200 E. Glen Ave., Peoria Heights, IL 61616, and underwritten by The United States Life Insurance Company in the City of New York. Policies issued by The United States Life Insurance Company in the City of New York (US Life). Issuing company US Life is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG). Products may not be available in all states and product features may vary by state. Policy #G-195,987, Form # G-19000.
This brochure is a brief description of benefits only and is subject to the terms, conditions, exclusions and limitations of the group policy.

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