



Request for Group Insurance from
New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
The Company You Keep®

CLASSIC PLAN: Non-Medical Application for Group Disability Income/AD&D Plan for CSEA Members

1. MEMBER NAME AND INFORMATION:

(PLEASE PRINT IN INK - DO NOT TYPE)

LAST: _____ FIRST: _____ MIDDLE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY #: _____

HOME PHONE#: (_____) _____ WORK PHONE#: (_____) _____

MEMBER'S DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ SEX: MALE FEMALE

2. MEMBERSHIP AFFILIATION - OCCUPATIONAL STATUS:

- A. Are you now a member of CSEA? YES NO
- B. Where are you employed? _____ Date employed? _____
- C. Are you presently performing all the duties of your occupation according to your regular schedule? YES NO
- D. Are you solely engaged in office or clerical work? YES NO
- E. What is your annual salary? \$ _____
- F. Describe your occupation/duties: _____
- G. Are you currently insured under the program? YES NO

3. INSURANCE REQUESTED - INSURANCE STATUS: REFER TO BROCHURE FOR ELIGIBILITY OPTIONS AND COVERAGE DESCRIPTION

You may choose any Monthly Benefit from \$300 to \$1,200 per month provided it does not exceed the amount shown in the brochure based on your current annual salary.

- A. Monthly Benefit: \$ _____
- B. Waiting Period in Days: 0 Accident/7 Sickness 30 Accident/30 Sickness 60 Accident/60 Sickness
- C. Maximum Benefit Period: 12 Months 12 Months with lifetime non-occupational injury benefit
- D. Accidental Death and Dismemberment Benefit Option: \$10,000 \$30,000 \$50,000 \$100,000

BENEFICIARY DESIGNATION: I make the following beneficiary designation with respect to AD&D Insurance, and if I am already covered, I revoke any prior beneficiary designation.

Beneficiary Name: _____ Beneficiary's Relationship to Member: _____ Social Security #: _____
Beneficiary's Street Address: _____ City: _____ State: _____ Zip Code: _____

I request the insurance indicated above. To the best of my knowledge and belief the statements I have made are true and complete. I understand that coverage will be effective on the date approved by New York Life provided the first premium has been paid and I am at full-time work.

I understand that benefits will not be payable for any condition for which medical advice was given, or treatment was recommended by or received from a physician during the 6 month period before my effective date, until my coverage has been continuously in force for 12 months.

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 is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Signature of Member: **X** _____ Date: _____

PLAN	PLAN	PREMIUM TOTALS \$:	APPROVED BY:
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Disability Income Classic Plan Program Bi-Weekly Rates*

Current as of 3/1/07

GROUP I PREMIUMS: PLAN A

Applicable to members who are Office and Clerical Employees

Plan A: 0 day Accident, 7 day Sickness waiting period. Benefits payable up to 12 months for covered disability due to Accident or Sickness. 7 day waiting period for pregnancy with benefits payable up to 1 month.

Employee with Annual Salary of	Monthly Benefit	Member's Attained Age				
		Under 30	30-39	40-49	50-59	60 & Over**
\$5,000 to \$7,499	\$300	\$4.44	\$5.52	\$6.96	\$9.72	\$10.44
\$7,500 to \$9,999	400	5.84	7.28	9.20	12.84	13.80
\$10,000 to \$11,999	500	7.24	9.04	11.44	15.96	17.16
\$12,000 to \$13,999	600	8.64	10.80	13.68	19.08	20.52
\$14,000 to \$17,999	700	10.04	12.56	15.92	22.20	23.88
\$18,000 to \$21,999	800	11.44	14.32	18.16	25.32	27.24
\$22,000 to \$25,999	900	12.84	16.08	20.40	28.44	30.60
\$26,000 to \$27,499	1,000	14.24	17.84	22.64	31.56	33.96
\$27,500 to \$29,999	1,100	15.64	19.60	24.88	34.68	37.32
\$30,000 to \$32,499	1,200	17.04	21.36	27.12	37.80	40.68

GROUP I PREMIUMS: PLAN B

Applicable to members who are Office and Clerical Employees

Plan B: Same as Plan A plus provides benefits up to LIFETIME for covered disability due to Off-the-Job Accident.

Employee with Annual Salary of	Monthly Benefit	Member's Attained Age				
		Under 30	30-39	40-49	50-59	60 & Over**
\$5,000 to \$7,499	\$300	\$5.40	\$6.96	\$8.88	\$12.24	\$13.32
\$7,500 to \$9,999	400	7.08	9.16	11.72	16.16	17.60
\$10,000 to \$11,999	500	8.76	11.36	14.56	20.08	21.88
\$12,000 to \$13,999	600	10.44	13.56	17.40	24.00	26.16
\$14,000 to \$17,999	700	12.12	15.76	20.24	27.92	30.44
\$18,000 to \$21,999	800	13.80	17.96	23.08	31.84	34.72
\$22,000 to \$25,999	900	15.48	20.16	25.92	35.76	39.00
\$26,000 to \$27,499	1,000	17.16	22.36	28.76	39.68	43.28
\$27,500 to \$29,999	1,100	18.84	24.56	31.60	43.60	47.56
\$30,000 to \$32,499	1,200	20.52	26.76	34.44	47.52	51.84

* All rates include \$5,000 Basic AD&D Coverage. Contact Pearl Carroll & Associates LLC for salary requirements and rates for monthly benefits over \$1,200.

** For renewal only ages 65 and up.

Optional Accidental Death & Dismemberment Coverage

BIWEEKLY PREMIUMS FOR ALL AGES		
Principal Sum	Employees with Office & Clerical Duties Only	All Other Employees
	\$10,000	\$.25
\$30,000	.75	1.50
\$50,000	1.25	2.50
\$100,000	2.50	5.00

GROUP II PREMIUMS: PLAN A

Applicable to all other members

Plan A: 0 day Accident, 7 day Sickness waiting period. Benefits payable up to 12 months for covered disability due to Accident or Sickness. 7 day waiting period for pregnancy with benefits payable up to 1 month.

Employee with Annual Salary of	Monthly Benefit	Member's Attained Age				
		Under 30	30-39	40-49	50-59	60 & Over**
\$5,000 to \$7,499	\$300	\$6.84	\$8.40	\$10.80	\$14.88	\$16.08
\$7,500 to \$9,999	400	9.00	11.08	14.24	19.68	21.28
\$10,000 to \$11,999	500	11.16	13.76	17.68	24.48	26.48
\$12,000 to \$13,999	600	13.32	16.44	21.12	29.28	31.68
\$14,000 to \$17,999	700	15.48	19.12	24.56	34.08	36.88
\$18,000 to \$21,999	800	17.64	21.80	28.00	38.88	42.08
\$22,000 to \$25,999	900	19.80	24.48	31.44	43.68	47.28
\$26,000 to \$27,499	1,000	21.96	27.16	34.88	48.48	52.48
\$27,500 to \$29,999	1,100	24.12	29.84	38.32	53.28	57.68
\$30,000 to \$32,499	1,200	26.28	32.52	41.76	58.08	62.88

GROUP II PREMIUMS: PLAN B

Applicable to all other members

Plan B: Same as Plan A plus provides benefits up to LIFETIME for covered disability due to Off-the-Job Accident.

Employee with Annual Salary of	Monthly Benefit	Member's Attained Age				
		Under 30	30-39	40-49	50-59	60 & Over**
\$5,000 to \$7,499	\$300	\$8.28	\$10.44	\$13.68	\$18.84	\$20.52
\$7,500 to \$9,999	400	10.88	13.76	18.04	24.92	27.16
\$10,000 to \$11,999	500	13.48	17.08	22.40	31.00	33.80
\$12,000 to \$13,999	600	16.08	20.40	26.76	37.08	40.44
\$14,000 to \$17,999	700	18.68	23.72	31.12	43.16	47.08
\$18,000 to \$21,999	800	21.28	27.04	35.48	49.24	53.72
\$22,000 to \$25,999	900	23.88	30.36	39.84	55.32	60.36
\$26,000 to \$27,499	1,000	26.48	33.68	44.20	61.40	67.00
\$27,500 to \$29,999	1,100	29.08	37.00	48.56	67.48	73.64
\$30,000 to \$32,499	1,200	31.68	40.32	52.92	73.56	80.28

* All rates include \$5,000 Basic AD&D Coverage. Contact Pearl Carroll & Associates LLC for salary requirements and rates for monthly benefits over \$1,200.

** For renewal only ages 65 and up.

For All Premiums

Rates are based upon the member's attained age on their birthday nearest Nov. 1st. Rates increase following attainment of a new age bracket, i.e. 30, 40, 50, etc.

Benefits are subject to change by agreement between New York Life and CSEA. Rates may be changed by New York Life on any premium due date and on any date on which benefits are changed. Please refer to the plan brochure for complete plan information including eligibility, benefits, exclusions & limitations, termination provisions etc. CSEA's Sponsored Group Disability Income Insurance Plan is underwritten by New York Life Insurance Company, 51 Madison Ave., NY, NY 10010 (Policy Form GMR)