



Please complete this form and return to: NSPE Sponsored Plans, Pearl Insurance, 1200 E. Glen Avenue, Peoria Heights, IL 61616-5348
Residents of Puerto Rico, please return application to: Global Insurance Agency, P.O. Box 9023918, San Juan, Puerto Rico 00902-3918

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE ENROLLMENT FORM for Members of the National Society of Professional Engineers

Please print in ink or type. Initial and date any changes you make.

A. PERSONAL INFORMATION

Full Name (First, Middle Initial, Last) _____ Date of Birth (DD/MM/YY) ____/____/____

Street Address _____ City _____ State (or Province) _____ Zip _____

Phone Number (Daytime) _____ Phone Number (Work) _____

Email (For internal use only. Email address will never be sold or shared.) _____

Marital Status: Married Divorced Single Widowed Civil Union* Domestic Partner*

*Eligibility of Domestic Partner/Civil Union partners is determined by state law.

B. MEMBER AFFILIATION

Membership in NSPE is required for participation in this plan: **NSPE Membership #** _____

C. PAYMENT OPTION SELECTION: Choose only one.

- Option 1: Direct Billing:** Following your intitial billing, you will be billed (Choose one): Annual Semiannual (January 1 and July 1)
- Option 2: Electronic Funds Transfer:** I request and authorize the NSPE Group Insurance Program to make semiannual withdrawals against the account specified on the attached voided check, statement savings account deposit slip, or any account subsequently named by me, and such bank to process these withdraws as if I had signed them, for the purpose of collecting premium contributions due under this Group Accidental Death & Dismemberment Insurance plan (Enclose a VOIDED check or deposit slip, as applicable.)

Signature(s) as required on checks issued/withdrawals made against this account date _____

D. INSURANCE REQUESTED: Refer to Plan Information for eligibility, principal sums, premium, and coverage description

I hereby apply for the following Accidental Death & Dismemberment coverage: \$50,000 \$100,000 \$150,000 \$200,000 \$250,000

Check one: Member Only Member and Family

Note: If you select Family coverage, the benefit amounts for your spouse and children are based on your family status. See enclosed brochure for more details.

E. BENEFICIARY DESIGNATION: Insert Name, Relationship and SSN.

I make the following beneficiary designation with respect to all the insurance on my life under this Group Accidental Death & Dismemberment Insurance Plan and if I am already covered under the Plan, I hereby revoke any prior beneficiary designation. The beneficiary for dependent coverage shall be the insured member as provided in the Group Policy. (If you want to name a different beneficiary for spouse coverage, more than one beneficiary, or a trust, please contact the Plan Administrator.) (1) In naming more than one beneficiary, please note if each is to be primary and/or secondary, and the percentage of death proceeds to be distributed to each. (2) If naming a trust, please indicate the full name and date of the trust. (Attach a separate sheet if necessary, then sign and date it.)

Beneficiary Name (First, Middle Initial, Last) _____ Relationship to Insured _____

Date of Birth _____ Social Security # _____ Phone _____

Be Sure To Complete All Pages and Sign Back Page. DO NOT SEND PAYMENT: Upon approval, you will be notified of the premium due.

G. AUTHORIZATION AND SIGNATURE

I hereby enroll with New York Life Insurance Company, New York, New York, for coverage under the NSPE Group Accidental Health and Dismemberment Plan. I have read and understand the conditions and exclusions of the program. I understand my coverage will become effective following the administrator's receipt of this enrollment form, New York Life approves such request and my premium payment.

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of New York Life Insurance Company's insurance business in Canada.

Signature of Member

Date

Signature of Spouse (if proposed for insurance)

Date

Be Sure To Complete All Pages and Sign Back Page. DO NOT SEND PAYMENT: Upon approval, you will be notified of the premium due.