

**NYSPIA OPTIONAL TERM LIFE INSURANCE  
ENROLLMENT FORM**

PLANHOLDER NAME <b>NYSPIA</b>	GROUP PLAN # <b>430733</b>	PLANHOLDER STREET ADDRESS <b>C/O NORVEST, 930 ALBANY-SHAKER ROAD</b>	CITY <b>LATHAM</b>	STATE <b>NY</b>	ZIP <b>12110</b>
MEMBER'S NAME (LAST, FIRST, MI)			SOC. SEC. NO.		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MEMBER'S STREET ADDRESS			CITY	STATE	ZIP
TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER (WORK)		TROOP	BIRTHDATE	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> DIVORCED			ARE YOU CURRENTLY WORKING 20 OR MORE HOURS PER WEEK? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**OPTIONAL TERM LIFE INSURANCE**

**Coverage provided by:  
Standard Life Insurance Company  
of New York**

**MEMBER:**

*(includes 100% AD&D)*

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$50,000  | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$150,000 | <input type="checkbox"/> \$200,000 |
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$300,000 |
| <input type="checkbox"/> \$350,000 | <input type="checkbox"/> \$400,000 |
| <input type="checkbox"/> \$450,000 | <input type="checkbox"/> \$500,000 |

**SPOUSE:**

*(up to 50% of Member Amount)*

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000  |
| <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$100,000 |

**CHILD(REN):**  \$4,000

Amounts shaded require medical underwriting.  
Please complete form SNY 11167 (enclosed) and return with your application.

**DEPENDENT INFORMATION** *(Complete for any dependents being insured)*

SPOUSE NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE
CHILD NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE
CHILD NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE
CHILD NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE
CHILD NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE

**BENEFICIARY DESIGNATION** for OPTIONAL LIFE CHOSEN ABOVE

PRIMARY	RELATIONSHIP
CONTINGENT	RELATIONSHIP

**I have reviewed the statements on this application and they are true and complete.**

<b>SIGNATURE OF MEMBER:</b>	<b>DATE:</b>
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