



AMERICAN COLLEGE OF SURGEONS INSURANCE PROGRAM

Group Traditional Term Life Insurance Plan



Why should you consider the ACS Group Traditional Term Life Insurance Plan?

As a surgeon you have many obligations that may have increased your need for life insurance. The ACS Group Traditional Term Life Insurance Plan can help ensure that if you become terminally ill or die, your family may still be able to pay:

- Mortgage payments
- Medical bills
- Funeral expenses
- School loans
- Children's tuitions
- Estate Taxes



American College of Surgeons
INSURANCE PROGRAM
Fully Approved & Sponsored by The American
College of Surgeons Insurance Trust



The Company You Keep.®
Underwritten by:
New York Life Insurance Company



Help protect your family's financial future, your home and the lifestyle you have worked hard for with the American College of Surgeons Group Traditional Term Life Insurance.



WHAT IS GROUP TRADITIONAL TERM LIFE INSURANCE?

The ACS Insurance Trust's Traditional Term Life Plan was first introduced in 1976 and still has the most participating members of any plan ACS has offered. Term Life insurance is generally regarded as the least expensive of all forms of life insurance particularly if you are looking for pure protection without paying for costly investment components. It provides coverage to age 75 (coverage amount in effect at age 65 reduces 50%), with the option to convert without evidence of insurability. (See Conversion Option section.)

WHO IS ELIGIBLE?

All ACS members, under age 65, who reside in the United States (except VT, WA and Territories) and Puerto Rico may apply for coverage. Your spouse, under age 65, and your unmarried dependent children from birth to age 25 are also eligible for coverage provided that you are currently enrolled or request enrollment in the Traditional Term Life plan for at least \$100,000.

CHOOSE YOUR LEVEL OF PROTECTION

You may choose any benefit amount from \$100,000 to \$2,000,000 in \$50,000 increments. Your spouse may have a benefit amount from \$50,000 to \$1,000,000 in \$25,000 increments not to exceed the member's amount. Each child may be insured for \$10,000 (from live birth to 15 days of age, the benefit is limited to \$100).

The total maximum amount of life insurance in force for all ACS Life Insurance Plans offered may not exceed \$2,000,000 for members and \$1,000,000 for spouses.

UNDERWRITING REQUIREMENTS

All applicants must meet the New York Life underwriting requirements (satisfactory evidence of good health) to qualify. Neither the College nor the Insurance Trust participates in decisions concerning insurability of applicants. The Administrator follows the Insurance Company's medical underwriting guidelines to evaluate enrollment forms. Thus, all final decisions regarding insurability are the sole responsibility of the Insurance Company.

ACCELERATED DEATH BENEFIT

To help your family cope with the financial hardship of a terminal illness, as a covered insured you can request one advance payment equal to 50% of his or her (or a dependent's) in-force life insurance, up to \$500,000, to be paid while he or she is still alive. (Of course, the amount of insurance payable after the insured's death will be reduced by any payment made under this benefit). This money can be used to help cover high prescription drug costs, medical bills, outstanding debts, to help pay for experimental treatments, the cost of modifications to your home, or a family vacation. To qualify, a terminally ill insured must be under age 69 and provide the insurance company with proof of terminal illness and anticipated life expectancy (24 months or less), as well as any other medically necessary information requested.

For additional details and limitations, please see the Certificate of Insurance.

Please note that receipt of accelerated death benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult the appropriate social services agency and seek the advice of tax counsel.

The Accelerated Death Benefit is not available to residents of Massachusetts.

COVERAGE EFFECTIVE DATE

Coverage is effective on the day of approval of your application, provided you pay your premium when due and are performing normal activities of a person in good health of like age. Note: Residents of MD and NC: Any reference to “performing normal activities of a person in good health of like age” is replaced by the requirement that the health status of any proposed insured person remain the same as stated in your application.

PREMIUM WAIVER

If, while you are insured, you become totally and permanently disabled before reaching age 60 and you remain disabled for nine (9) consecutive months, your subsequent premium will be waived and your insurance protection continued as long as you remain disabled and you are under age 75 (coverage amount reduces 50% at age 65).

NAME YOUR BENEFICIARY

You may select any person, persons, trust or other legal entity as your beneficiary. If at the time of your death there is no surviving beneficiary, benefits will be paid to the executor or administrator of your estate, or at the option of New York Life, to the surviving relative(s) in the following order of survival: spouse; children equally; parents equally; or brothers and sisters equally.



If your beneficiary so chooses, death benefits may remain on deposit with New York Life in an interest bearing account. Your beneficiary would receive a checkbook and have immediate access to all monies in the account.

You are the automatic beneficiary for dependent insurance as described in the Certificate of Insurance. If you wish to name a different beneficiary for spouse coverage, contact the Administrator.

WHEN COVERAGE ENDS

Your Group Traditional Term Life protection will continue until you reach age 75, as long as you remain an ACS member, your premiums are paid and the Group Policy is not terminated by New York Life or the policyholder.

Insurance for your dependents will continue until your spouse reaches age 75 and your dependent children reach age 25 or marry, respectively, as long as your insurance remains in force (other than by reason of your death), premiums are paid, they do not become insured as members, and your spouse remains your lawful spouse. Coverage on your dependents can continue if you die as described in the Certificate of Insurance.



air service of any country, except duty for training purposes of two months or less; is payable in the amount of insurance in force on the date of death, up to a maximum of \$250,000, less the amount paid under the Accelerated Death Benefit.

YOUR COST

The cost of this term life insurance is based upon the member's and spouse's gender, amount of insurance requested, usage

of tobacco/nicotine products, and age on the date coverage is issued. Rates change at each new 5-year age band (e.g., at age 40, 45, 50, 55, 60, and 65). Coverage reduces 50% at age 65 and ends when you reach age 75.

All Children - \$2.50 quarterly (\$10.00 annually). One rate covers all children regardless of age.

Montana Residents – “Male” rates apply to all individuals regardless of gender.

HOW TO APPLY

To apply, complete the application form and forward it to the Administrator's office in Irving, TX. Upon approval of your application, a Certificate of Insurance will be issued. PLEASE DO NOT SEND MONEY with your application form. You will receive a statement for the amount due along with your Certificate of Insurance upon approval.

Call 800.433.1672 if you have any questions.

CONVERSION OPTION

Your Group Traditional Term Life insurance coverage may be exchanged for an equal amount of life insurance (up to \$10,000 if Group Policy ends), except term insurance, (subject to rates at the time of exchange) without any evidence of insurability required. This option must be exercised within 31 days of the time you cease to be a member of ACS when your coverage reduces or terminates because of age, or if the Group Policy terminates and you have been insured for at least five years. The right to convert does not apply if coverage terminates due to nonpayment of premium.

LIMITATIONS

After two years from the effective date, your coverage is incontestable, except for provisions related to eligibility and nonpayment of premium contributions. Suicide is not covered for the first two years (subject to state law).

The benefit for war-related death while on full-time active duty in the military, naval or

American College of Surgeons Group Traditional Term Life Insurance

TRADITIONAL TERM LIFE QUARTERLY PREMIUM RATES GROUP POLICY NO. G-29000-0

Rates are based on the member and spouse's gender, amount of insurance requested, tobacco/nicotine use and age.

To find your quarterly premium, multiply the rate for your age by the number of \$50,000 units you desire. To find your spouse's rate, multiply the rate for your spouse's age by the number of \$25,000 units desired. Rates change at each new 5-year age band (e.g., at age 40, 45, 50, 55, 60, and 65). Coverage reduces 50% at age 65 and ends when you reach age 75.

All Children - \$2.50 quarterly. One rate covers all children regardless of age.
Montana Residents – “Male” rates apply to all individuals regardless of gender.

Current (2011) Member Quarterly Premium Per \$50,000 Unit									Spouse Quarterly Premium Per \$25,000 Unit	
Age	Male Non-Tobacco User		Female Non-Tobacco User		Male Tobacco User		Female Tobacco User		Base	Current*
	Base	Current*	Base	Current*	Base	Current*	Base	Current*		
Under 30	\$4.64	\$3.02	\$2.55	\$1.66	\$8.12	\$5.28	\$4.47	\$2.90	\$2.08	\$1.35
30 - 34	\$5.91	\$3.84	\$3.25	\$2.11	\$10.34	\$6.72	\$5.68	\$3.69	\$2.60	\$1.46
35 - 39	\$7.60	\$4.94	\$4.18	\$2.72	\$13.29	\$8.64	\$7.31	\$4.75	\$3.44	\$1.79
40 - 44	\$13.22	\$7.40	\$7.27	\$4.07	\$23.13	\$12.95	\$12.72	\$7.12	\$8.33	\$4.33
45 - 49	\$23.18	\$12.06	\$12.75	\$6.63	\$40.57	\$21.10	\$22.32	\$11.60	\$14.06	\$7.31
50 - 54	\$40.50	\$21.06	\$22.27	\$11.58	\$70.87	\$36.85	\$38.98	\$20.27	\$22.40	\$11.65
55 - 59	\$60.75	\$31.59	\$33.41	\$17.37	\$106.31	\$55.28	\$58.47	\$30.40	\$33.74	\$17.54
60 - 64	\$103.12	\$53.62	\$56.72	\$29.49	\$180.47	\$93.84	\$99.26	\$51.61	\$55.00	\$28.60

Contact the administrator for rates at ages 65 – 74.

* 2011 - The “Current” rates shown above are discounted up to 48% below the “Base” and are guaranteed to March 31, 2012. Thereafter, New York Life Insurance Company reserves the right to change rates on a classwide basis on any premium due date and on any date on which benefits are changed. For example, a class of insureds is a group of people with all the same issue age and gender. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustees of the ACS Insurance Trust.



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American College of Surgeons Group Traditional Term Life Insurance

Visit www.acs-insurance.com to learn more about the ACS-sponsored insurance plans.



The American College of Surgeons Insurance Program offers a wide range of group insurance plans. Visit www.acs-insurance.com to find out more about the ACS-sponsored group insurance plans indicated below:

- *Group 10-Year Level Term Life Insurance* - affordable life insurance protection for a 10 year period available for members under age 65.
- *Group 20-Year Level Term Life Insurance* - affordable life insurance protection for a 20 year period available for members under age 55.
- *Group Long Term Disability Insurance* - long term disability insurance protection that can provide you with an income for a long period of time and is available to members under age 60.
- *Group Office Overhead Disability Insurance* - group insurance protection that helps your practice to continue to operate if you are totally disabled or seriously ill and is available to members under age 60.
- *Group Accidental Death & Dismemberment Insurance* - insurance protection for unforeseen financial hardship from a serious accident that causes death or dismemberment and is available to members under age 65.

The plans above are underwritten by New York Life Insurance Company. For ratings information, visit www.newyorklife.com.

Valuable Package Discount - If your personal ACS insurance package includes one or more of the Term Life Plans, and the Accidental Death & Dismemberment Plan, and one or both of the Disability Plans, your total premium will be **reduced by 25%** on all plans. Incredible savings!!

The discount only applies to qualifying plans underwritten by New York Life Insurance Co.

Additional insurance plans available to ACS members, but not underwritten by New York Life Insurance Company are:

- *Auto and Homeowner Insurance*
- *Small Business Medical Insurance*

American College of Surgeons Group Traditional Term Life Insurance

**GROUP TERM LIFE INSURANCE APPLICATION
AMERICAN COLLEGE OF SURGEONS INSURANCE PROGRAM**



American College of Surgeons
INSURANCE PROGRAM
1-800-433-1672

COMPLETE THIS FORM AND RETURN TO:
NEBCO

P. O. Box 153054
Irving, TX 75015-3054
*Please Print in Ink or Type All Answers.
Initial and date any changes you make.*



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

Member's full name: Last		First	MI	ACS ID Number	
What is your occupation?			Email Address		<input type="checkbox"/> Male <input type="checkbox"/> Female
Billing Address	Street	City	State	Zip Code	
Home Address	Street	City	State	Zip Code	
In the next 12 months does any person proposed for insurance intend to reside outside the U.S. or Canada? Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Country(ies): _____ For how long? _____ Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No Country(ies): _____ For how long? _____					
Date of Birth		Height		Weight	Social Security Number
Mo.	Day	Yr.	Ft.	Ins.	Lbs.
Home Phone Number			Office Phone Number		Fax Number
Area Code ()			Area Code ()		Area Code ()
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner* <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <small>*Contact the Plan Administrator for an additional required form to complete.</small>			Are you presently insured by any ACS Life Insurance Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		BILLING INSTRUCTIONS: Please send premium statements: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually

I HEREBY APPLY FOR THE FOLLOWING COVERAGE: (Refer to brochure for eligibility and coverage description.)

MEMBER COVERAGE AVAILABLE IN \$50,000 INCREMENTS FROM \$100,000 TO \$2,000,000.

Plan Requested by Member:

10-Year Term Life Insurance 20-Year Term Life Insurance Traditional Term Life Insurance

Amount Requested for Member: \$ _____

One of the following must be checked:

Member Only Member & Spouse* Member & Children** Member & Family**

Plan Requested by Spouse:

10-Year Term Life Insurance 20-Year Term Life Insurance Traditional Term Life Insurance

Amount Requested by Spouse: \$ _____

* Spouse coverage available in \$25,000 increments from \$100,000 to \$1,000,000, not to exceed member's benefit.

** Dependent Children's coverage: live birth to 15 days - \$100, ages 15 days to 25 years - \$10,000 for each child.

- Member must apply for, or already have in force, a minimum of \$100,000 ACS Term Life Insurance in order to cover your spouse and/or dependent children. See plan details for definition of eligible dependents.

**IF DEPENDENT COVERAGE IS REQUESTED, LIST ELIGIBLE DEPENDENTS
(i.e. lawful spouse and unmarried, dependent children under age 25):**

Full name (first, last, middle initial):	Date of Birth (mm/dd/yy)	Height (Ft., In.)	Weight (lbs.)	Sex M/F
Spouse:				
Child:				
Child:				

If more than two children are proposed for insurance, attach a separate sheet. Please sign and date the additional sheet.

BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE

G-29000-0 G-29004-0 G-29005-0
GMA-AC-IR As Amended by GPA-TELE
TL/LTL

Do Not Send Payment: Upon approval,
you will be notified of the premium due.

**GROUP TERM LIFE INSURANCE APPLICATION
AMERICAN COLLEGE OF SURGEONS INSURANCE PROGRAM**

INSURANCE REPLACEMENT

RESIDENTS OF NEW YORK - IMPORTANT REPLACEMENT INFORMATION: It may not be in your best interest to replace existing life insurance policies or annuity contracts in connection with the purchase of a new life insurance policy, whether issued by the same or a different insurance company. A replacement will occur if, as part of your purchase of a new life insurance policy, existing coverage has been, or is likely to be, lapsed, surrendered, forfeited, assigned, terminated, changed or modified into paid-up insurance or other forms of benefits, loaned against or withdrawn from, reduced in value by use of cash values or other policy values, changed in the length of time or in the amount of insurance that would continue or continued with a stoppage or reduction in the amount of premium paid. Prior to completing a replacement transaction, you may want to contact the insurance company or agent who sold you the life insurance or annuity contract that will be replaced, to help you decide whether the replacement is in your best interest.

RESIDENTS OF NEW YORK: I have read the Important Replacement Information above. Is the life insurance applied for intended to replace, in whole or in part, any existing insurance or annuity?

Member: Yes No **Spouse:** Yes No

RESIDENTS OF OTHER STATES: Is the Insurance applied for intended to replace, discontinue or change an existing policy? **Member:** Yes No **Spouse:** Yes No

ALL RESIDENTS:

Do you have other life insurance in force? If "Yes," total amount in all companies:

Member: \$ _____ **Spouse:** \$ _____

Do you have other insurance applications pending? If "Yes," indicate amount and company:

Member: \$ _____ **Company** _____ **Spouse:** \$ _____ **Company** _____

BENEFICIARY DESIGNATION

I make the following beneficiary designation with respect to insurance applied for under this Group Term Life Insurance Plan. The beneficiary for dependent coverage shall be the insured member as provided in the Group Policy (ies). If you wish to name a different beneficiary for spouse coverage, contact the administrator. 1.) If naming more than one beneficiary, 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.

Beneficiary:

Last Name First Name Middle Initial

Street Address City State/Province Zip Code

Relationship

Social Security Number

**YOU WILL BE CONTACTED BY A SERVICE PROVIDER ON BEHALF OF NEW YORK LIFE
TO ASK ABOUT YOUR MEDICAL HISTORY – Complete this section**

Best place and time to contact you (choose one of each):

PLACE: Residence Business **DAY:** Weekdays Weekends

TIME: Morning (7:00 - 12:00) Afternoon (12:00 - 5:00) Evening (5:00 - 8:00) Night (8:00 - 11:00)

BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE

**GROUP TERM LIFE INSURANCE APPLICATION
AMERICAN COLLEGE OF SURGEONS INSURANCE PROGRAM**

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 AR/LA/MD/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. **FOR 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 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 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 PUERTO RICO:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years. **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.

I understand that New York Life has the right to require additional information and, if necessary, an examination by a physician. I ask New York Life to rely on all such statements made on this form, and any supplements to it, while considering this request. I also understand that the coverage afforded will be in consideration of the answers and statements set forth above.

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, medical or medically related facility, laboratory, insurance company or MIB, Inc. to release information, including prescription drug records, maintained by physicians, pharmacy benefit managers, and other sources of information to New York Life Insurance Company, its subsidiaries or the plan administrator about the physical and mental health of any persons proposed for insurance, including significant history, findings, diagnosis and treatment, but excluding psychotherapy notes.

A photocopy of this AUTHORIZATION and request form shall be a valid as the original. In all circumstances, my authorized agent or I may request a copy of this AUTHORIZATION. This AUTHORIZATION may be used for a period of 24 months from the date signed, unless sooner revoked as stated in the IMPORTANT NOTICE.

By signing and dating this application, the member and any person proposed for insurance, request the insurance indicated, understand the effective date criteria, consent to authorize the disclosure of information by the providers noted, and attest to having read the Fraud Notices indicated above and that to the best of my knowledge and belief, the answers to the questions are true and complete.

x		
	Member's Signature (Please sign and date in ink)	Date
x		
	Spouse/Domestic Partner Signature (Necessary only if coverage is requested)	Date

BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE

Reverse side of form; intentionally left blank.



American College of Surgeons

INSURANCE PROGRAM

1-800-433-1672

www.acs-insurance.com

IMPORTANT NOTICE:

How New York Life Obtains Information and Underwrites Your Request For LIFE Insurance

DETACH AND RETAIN FOR YOUR RECORDS

Information regarding insurability will be treated as confidential. In considering your request for insurance, we will rely on the medical information you provide, and on the information you authorize us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. (formerly known as Medical Information Bureau). MIB and other insurance companies may also furnish New York Life, its subsidiaries or the plan administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying the Administrator in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

New York Life may release this information to the plan administrator, MIB, other insurance companies to whom you may apply for insurance, or to whom a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with information concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV).

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. We may make a brief report to MIB; however, we will not disclose our underwriting decision. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. When you apply for insurance or submit a claim for benefits to a MIB member company, medical or non-medical information may be given to the Bureau, which may then be furnished to member companies.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone (866) 692-6901 (TTY 866-346-3642). For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone (416) 597-0590. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: Protected persons¹ have a right of access to certain Confidential abuse information² we maintain in our files and they may choose to receive such information directly. You have the right to register as a Protected person by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.

¹ **Protected person** means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.

² **Confidential abuse information** means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

New York Life Insurance Company 2.09ed.



This brochure provides a general description of the insurance plan offered and is not a contract. Complete terms, conditions, definitions, exclusions, limitations and renewability are detailed in Group Policy No. G-29000-0 and Certificate of Insurance.

ACS Insurance Trust incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. ACS also receives a fee for the license of its name and logo for use in connection with the plan.

Mailing Address:

P.O. Box 153054
Irving, TX 75015-3054
Phone: 1.800.433.1672
Fax: 1.469.417.1675

Underwritten by:

New York Life Ins. Co.
New York, NY 10010
Under Group Policy G-29000-0/FACE
on policy form GMR

Administered & Marketed by:

National Employee Benefit Companies, Inc.
AR Lic. No. 248910
CA Lic. No. 0D28750
FL Lic. No. L048174
TX Licensed Agent:
Samuel Hamin Fleet, Lic. No. 1091381

Coverage will be effective as described on the Request For Insurance.