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Supplemental Application for Preferred Rates

10-YEAR LEVEL TERM LIFE INSURANCE PLAN

Request for Group Insurance From New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

For PREFERRED RATE consideration answer all of the following questions:

1. Have one or more of your or your spouse's parents, brothers, or sisters experienced angina, stroke or heart trouble prior to age 60?. . . . . Member ❑ Yes ❑ No Spouse ❑ Yes ❑ No

   If yes, indicate if for member or spouse, give relationship, age at onset, details of history.

   _____
   _____
   _____
   _____

2. Within the past two years have you or any person to be insured participated in, or do you or any person to be insured participate in, aircraft flying other than as a passenger, scuba diving, ultralight flying, ballooning, parachuting, mountaineering, motorcycle racing, rodeo riding, snowmobiling, any type of motorized racing, hang gliding, parasailing or bungee jumping? . . . . . Member ❑ Yes ❑ No Spouse ❑ Yes ❑ No

3. Driver's license number:_____State which issued_____

   Spouse's drivers license number:_____State which issued_____
   (necessary if applying for spouse coverage)

   Has your, or any person to be insured, driver's license been suspended or revoked within the last five years? . . . . . Member ❑ Yes ❑ No Spouse ❑ Yes ❑ No

   If yes, give date(s) and reason(s)_____
   _____
   _____
   _____

We hereby declare that to the best of our knowledge, the statements made above are true and complete. We authorize New York Life Insurance Company, its subsidiaries, or plan administrator to obtain our Motor Vehicle Records. This authorization shall be valid until two years after the effective date of any insurance coverage for which this authorization was required and can be revoked at anytime by writing the Administrator at the address shown below. A photocopy of this authorization shall be as valid as the original. We understand that we may request a copy of this authorization.

Member's Name_____ Social Security No._____
First MI Last

Spouse's Name_____ Social Security No._____
First MI Last
(necessary if applying for spouse coverage)

To the best of my knowledge and belief the statements above are true and complete.

Member's Signature_____Date_____

To the best of my knowledge and belief the statements above are true and complete.

Spouse's Signature_____Date_____
(necessary if applying for spouse coverage)

SEND NO MONEY NOW!

Return this application, only if applying for preferred rates to:
REAGIT Group Insurance Office
300 South Wacker Drive, Suite 700
Chicago, IL 60606

Form GPA-AC-1 as amended by GMA-5-NYF(NC)
G-13777-0