Appraisal Institute™
INSURANCE TRUST

Please complete this form and return to: Appraisal Institute Insurance Trust Insurance Plan Administrator, PO Box 3930, Peoria, IL 61612-9806 Questions: Please call (800) 222-9958

Residents of Puerto Rico, please return application to:
Global Insurance Agency, P.O. Box 9023919 San Juan, Puerto Rico 00902-3919

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

GROUP COMPREHENSIVE ACCIDENT INSURANCE PLAN APPLICATION

Please use blue or black ink only. Do not use gel pens, correction fluids, or tape. All fields are required and initial any corrections.

1. MEMBER INFORMATION

Last Name | First Name | Middle Initial

Address | City | State/Province | ZIP Code

Phone Number | Date of Birth *(mm/dd/yyyy)* | Social Security Number

Email Address | Sex ◯ Male ◯ Female

Are you a member of the Appraisal Institute? ◯ Yes ◯ No

Are you presently at Full Time Work (at least 20 hours a week); performing all the duties of your occupation according to your regular schedule? ◯ Yes ◯ No

2. SPOUSE INFORMATION (Complete only if applying for spouse coverage)

Last Name | First Name | Middle Initial

Address (◯ *Same as Member*) | City | State/Province | ZIP Code

Phone Number | Date of Birth *(mm/dd/yyyy)* | Sex ◯ Male ◯ Female

Are you presently at Full Time Work (at least 20 hours a week); performing all the duties of your occupation according to your regular schedule? ◯ Yes ◯ No

3. INSURANCE REQUESTED: I HEREBY APPLY FOR THE FOLLOWING COVERAGE PLAN (Refer to the brochure for eligibility, options, and coverage description.)

Choose Only One… ◯ **Coverage for Member Only** ***OR*** ◯ **Coverage for Member and Spouse**

BENEFICIARY: Unless otherwise requested, your spouse, if living will be the beneficiary of your Accidental Death benefit, otherwise, the death benefit will be paid to your estate or to your surviving relative(s) in the following order of survival: spouse, parents equally, children equally, brothers or sisters equally.

READ AND SIGN: By signing and dating this application, the member requests the insurance indicated; and the member and any person proposed for insurance attest to currently being at FULL TIME WORK (at least 20 hours a week) and attest to having read the Fraud Notice below, and that to the best of our knowledge and belief, the answers provided to the questions are true and complete. I UNDERSTAND THAT THIS IS ACCIDENT-ONLY INSURANCE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS. THIS ISA SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. I HEREBY ATTEST THAT I AM PURCHASING THIS POLICY AS A SUPPLEMENT TO MY HEALTH COVERAGE, WHICH MEETS THE FEDERAL REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

FRAUD NOTICE RESIDENTS OF NY: For accident and health insurance only, any person who knowingly and with intent to defraud any insurance company or any 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

AI Member's Signature (Required - Please sign and date in ink) | Date *(mm/dd/yyyy)*

Spouse's Signature | Date *(mm/dd/yyyy)*

FRAUD NOTICE - For Residents of CT, PA, VT: 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 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.