

Are you a/an: Alumnus Spouse – If you are a spouse, name of alumnus: _____

1.) Alumnus/Spouse information: (Please print or type)

Name
(First, Middle, Last)

Address

City State ZIP

Home Phone No. Work Phone No. Email Address

Beneficiary Relationship

Name and Address
of Physician

Unless otherwise requested, your spouse, if living, will be the beneficiary. Otherwise, your beneficiary will be your children, parents, siblings or estate, in that order.

2.) Check Life Insurance plan(s) desired:

Life Insurance for Applicant: \$150,000 \$100,000 \$50,000

Life Insurance for Child(ren)*: Yes No

Up to \$500,000 of coverage is available. Contact the plan administrator for more information and rates. Unmarried, dependent children are eligible for \$100/child, age 15 days to less than six months, and \$4,000/child, age six months to age 23 (subject to state variations). If an alumnus and spouse are both applying for insurance, the alumnus or spouse may apply for dependent child(ren)'s insurance, but not both.

3.) Select your payment preferences:

Payment Method: Bill Me by Mail

Payment Frequency: Semi-Annually

4.) Complete the following for the alumnus/spouse and children for whom coverage is requested:

Insured	Name	Age	Date of Birth (MM/DD/YY)	Place of Birth	Height	Weight	Sex (M/F)
Alumnus/Spouse					ft. in.	lbs.	
Child					ft. in.	lbs.	
Child					ft. in.	lbs.	
Child					ft. in.	lbs.	
Child					ft. in.	lbs.	



The United States Life Insurance Company in the City of New York

5.) Please answer these brief questions:

1. Have you ever had, been diagnosed with, or been treated for: chest pain; disease or disorder of the heart, liver, kidneys, blood or lungs; high blood pressure; stroke or other neurological disorder; mental/nervous disorder; drug or alcohol abuse; diabetes; cancer or tumor; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for an immune disorder excluding HIV? Yes No
2. Have you, during the past 5 years, consulted any physician or other practitioner or been confined or treated in any hospital or similar institution for any reason other than those stated above? Yes No
3. Are you now taking prescription medication or receiving medical attention? Yes No

For "Yes" answers to questions 1-3 above, please provide details in the space provided below. If more space is needed, use a separate sheet of paper, signed and dated. If additional information is attached, check "Yes" in the box at the right. Yes No

Question #	Condition	Date Occurred	Duration	Degree of Recovery	Name and Address of Physicians, Hospitals or Clinics Consulted

6.) Tell us about your existing and pending insurance:

Please list Life Insurance in force and/or pending on proposed insured's life, including Business Insurance. If none, check "None." None

Name of Company	Type of Coverage	Life Amount	Accidental Death	Year Issued	Do you plan to replace this coverage?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

G-19430 NY

TL-RUTGERS-NY

Group Policy No. G-188,812

AG11830 (02/17)

06673611-1201 R02/17



The United States Life Insurance Company in the City of New York

7.) Please read the following, then sign and date below:

AUTHORIZATION AND DECLARATION OF EACH PERSON GIVING A STATEMENT OF INSURABILITY: I hereby authorize any licensed physician, medical practitioner, pharmacy, pharmacy benefit manager and other sources, hospital, clinic, or other medical or medically related facility, insurance company, the MIB, Inc., formerly known as the Medical Information Bureau, or other organization, institution or person that has any records or knowledge of me or my health, to give to the Company or its reinsurers any such information. Such information will pertain to my employment or other insurance coverage and medical care, advice, treatment or supplies for any physical or mental condition. This includes information obtained in connection with the preparation or procurement of an investigative consumer report as defined under the Fair Credit Reporting Act(s). To facilitate the rapid submission of such information, I authorize all said sources, except the MIB, to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand that this information will be used by the Company solely to determine eligibility for insurance. I understand that I may revoke this authorization at any time by giving written notice to the Company. I agree that such revocation will not affect any action that any source has taken in reliance upon this authorization. I understand this authorization will be valid for 24 months from the effective date of coverage, if not revoked earlier. I know that I should retain a copy of this authorization for my records. I agree that a photocopy of this authorization is as valid as the original. To the best of my knowledge and belief, all statements made above are true and complete. I understand that my application for group insurance will be accepted or declined on the basis of these statements. Insurance will take effect only if a certificate is issued based on this application and the first premium is paid in full (a) during the lifetime of all proposed insureds and (b) while there is no change in the insurability or health of such person from that stated in the application.

*Dependent child must be unmarried, age 15 days up to age 23 (subject to state variations).

IMPORTANT NOTICE — 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 is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (This warning does not apply to application for life insurance in New York.)

A copy of this application will be attached to and made a part of your certificate.



Signature Alumnus/Spouse

Date (MM/DD/YY)

G-19430 NY

TL-RUTGERS-NY

Group Policy No. G-188,812

AG11830 (02/17)

06673611-1201 R02/17

License numbers: AR-100101639; CA Insurance License No. 0441679; MN-20270565; OK-100101074; TX-14468

SEND NO MONEY NOW!

Upon approval, we will send you a premium notice.
If you wish to apply by mail, complete, sign and return your application to:

Willis Towers Watson • 6110 Parkland Boulevard • Cleveland, Ohio 44124 • 1-800-343-5433

Or, you can fax your completed application to Willis Towers Watson at 973-410-4600.

MIB Disclosure Notice (Retain for Your Records)

Information regarding your insurability will be treated as confidential. The United States Life Insurance Company in the City of New York or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. The United States Life Insurance Company in the City of New York, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Note: Canadian Members should continue to use the following address: 330 University Avenue, Suite 501, Toronto, Ontario, Canada, M5G 1R7, tel. no. 416-597-0590.

MIB-19431

NOTICE AS REQUIRED UNDER THE FAIR CREDIT REPORTING ACT(S)

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be requested for the preparation of a report whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted or who may have knowledge of any such items of information. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request to be informed as to whether or not such a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may receive a copy of this report by contacting such agency.

FCRA-19432

DEFINITION OF REPLACEMENT

Important Instructions

1. This "Definition of Replacement (Appendix 11)" form is included with your application. In accordance with the Insurance Department of the State of New York's Regulation 60, **the Appendix 11 form must be completed, signed, dated and returned with your completed application even if you indicate "None" in the Existing and Pending Insurance section on your application.** Your application for life insurance coverage cannot be processed without this completed, signed and dated form.
2. If you answer "Yes" to any of the questions on the Appendix 11 form, in accordance with the Insurance Department of the State of New York's Regulation 60, the "Important Notice Regarding Replacement OR Change of Life Insurance Policies or Annuity Contracts (Appendix 10C)" form must also be completed. **The Appendix 10C form must be signed, dated and returned, acknowledging you have read and received that notice.**
3. Should you have any questions, please contact the plan administrator. A Certificate of Insurance cannot be issued until Appendix 11 and Appendix 10C, if applicable, are completed, signed, dated and returned.

NY Term Life Application Only

The United States Life Insurance Company in the City of New York

APPENDIX 11: INSURANCE DEPARTMENT OF THE STATE OF NEW YORK DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, PLEASE ANSWER THE FOLLOWING QUESTIONS.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

1. Lapsed, surrendered, partially surrendered, forfeited, assigned to the Insurer replacing the life insurance policy or annuity contract, or otherwise terminated? Yes No
2. Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values? Yes No
3. Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force? Yes No
4. Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies? Yes No
5. Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies? Yes No
6. Continued with a stoppage of premium payments or reduction in the amount of premium paid? Yes No

G-19000 APPENDIX 11

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PAGE**

If you have answered yes to any of the above questions, a replacement as defined by New York Insurance Department Regulation No. 60 has occurred or is likely to occur and you must complete and return the **Important Notice** Regarding Replacement OR Change of Life Insurance Policies or Annuity Contracts form on the next page.

Applicant's Signature and Printed Name

Date

Applicant's Signature and Printed Name

Date

Please list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)

Make sure you know the facts. Be sure that you are making an informed decision. Contact your existing company or its agent for information about the old policy or contract. If you request one, an inforce illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.

(A fee may be charged for your inforce illustration.)

The United States Life Insurance Company in the City of New York

**APPENDIX 10C:
INSURANCE DEPARTMENT OF THE STATE OF NEW YORK
IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE
POLICIES OR ANNUITY CONTRACTS**

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY REGULATION NO. 60

You are contemplating the purchase of a life insurance policy or annuity contract in connection with the surrender, lapse or change of existing life insurance policies or annuity contracts. Your decision could be a good one – or a mistake – so make sure you understand the facts. You should:

1. Ask the Company from whom you bought your existing life insurance policies or annuity contracts to review with you the transaction(s). You may be able to effect the changes you desire more advantageously with them.
2. Consult your tax advisor. There may be unfavorable tax implications associated with the contemplated changes to your existing life insurance policies or annuity contracts.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provisions for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

You have the right, within 60 days from the date of delivery of a new life insurance policy or annuity contract, to return it to the insurer and receive an unconditional full refund of all premiums or considerations paid on it, or in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender benefits provided under the policy or contract, plus the amount of all fees and other charges deducted from gross considerations or imposed under the life insurance policy or annuity contract, and may have the right to reinstate or restore any life insurance policies and annuity contracts that were surrendered, lapsed or changed in the transaction to their former status to the extent possible and in accordance with the insurer's published reinstatement rules to the extent such rules are not inconsistent with the provisions of this part.

IMPORTANT: THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- The right to reinstate or restore your life insurance policy or annuity contract applies only to companies subject to New York Insurance Laws;
- Your life insurance policy or annuity contract is subject to your specific company's reinstatement rules, which may vary from company to company. These rules may require payment of both premium and interest; however, you will not be subject to evidence of insurability, or a new contestable or suicide period;
- You may not receive the interest or investment performance during the period the life insurance policy or annuity contract was replaced; and
- There may be unfavorable Federal Income Tax consequences as a result of the reinstatement of your life insurance policy or annuity contract.

IMPORTANT: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY AFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I hereby acknowledge that I read the above "IMPORTANT NOTICE" and have received a copy of the same.

Applicant's Signature and Printed Name

Date

Applicant's Signature and Printed Name

Date