GEOCARE Benefits

NEW YORK LIFE

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

Applying Is Easy. Here's How:

1. Complete and Sign This Form in Ink.
2. Make Premium Check Payable to: **GeoCare Benefits Insurance Program**
3. Mail Completed Form to: GeoCare Benefits Insurance Program P.O. Box 9159, Phoenix, AZ 85068-9159

Have a Question or Need Additional Information? Please Call ***1-800-337-3140*** *or E-mail:* ***geocarebenefits@agia.com****.*

Group Hospital Indemnity Insurance Application

For Participating Associations of the GeoCare Benefits Group Insurance Trust

PLEASE PRINT IN INK OR TYPE ALL ANSWERS

① Member's Full Name and Information:

Name _____ (LAST / FIRST / MIDDLE)

Social Security #: ☐☐☐-☐☐-☐☐☐☐

Street Address _____

Home Phone: (_____) _____ (AREA CODE / NUMBER)

City _____

Business Phone: (_____) _____ (AREA CODE / NUMBER)

State (or Province) _____ Zip Code _____-_____

E-Mail _____
For internal use only. E-mail address will never be sold or shared

		Date of Birth Mo. Day Yr.
Member:	_____	____/____/____
☐ **Spouse* or** ☐ **Domestic Partner****		
	_____ (Name if Proposed for Insurance)	____/____/____
Child(ren)*:	_____ (Name if Proposed for Insurance)	____/____/____
	_____ (Name if Proposed for Insurance)	____/____/____

If more than two children are proposed for insurance, attach a separate sheet. Please sign and date the additional sheet.
*See Plan Information for definition of eligible dependents.
**Complete remaining application as Spouse and contact the Plan Administrator for an additional required form to complete. Not applicable in OR.

② Membership Affiliation

The GeoCare Benefits Group Insurance Trust covers members in the following associations. Please check your affiliation(s) and provide your membership number(s), if available. _____

☐ American Association of Petroleum Geologists
☐ American Association of Professional Landmen
☐ Association of Environmental and Engineering Geologists
☐ American Institute of Professional Geologists
☐ Council of Petroleum Accountants Societies
☐ Environmental and Engineering Geophysical Society
☐ Geological Society of Washington
☐ Society of Economic Geologists
☐ Society of Exploration Geophysicists
☐ SEPM Society for Sedimentary Geology

③ Payment Option Selection: *Choose only one.*

Option 1: Direct Billing: ☐ Annual (July 1) ☐ Semi Annual (January 1 and July 1) Enclosed is my check in the amount of _____. (2023⁴)

Please note: A $2.00 administrative fee is added for billing modes other than annual.

Option 2: Electronic Funds Transfer: I request and authorize the GeoCare Benefits Insurance Program to make ☐ monthly ☐ quarterly ☐ semi-annual ☐ annual withdrawals against the account specified on the attached voided check, statement savings account deposit slip, or any account subsequently named by me, and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions due under this In-Hospital Indemnity Insurance Plan (enclose a VOIDED check or deposit slip, as applicable).

_____
Signature(s) as required on checks/withdrawals made against this account — Date

Option 3: ☐ Credit Card: I authorize premium contributions to be charged to my credit card:

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa Credit Card # _____ Exp. Date _____

_____
Signature(s) as required on checks/withdrawals issued against this account — Date

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Continued on next page.

④ **Insurance Requested:** Refer to brochure for eligibility, premium, and coverage description.

Please select the coverage you desire for yourself and your dependents under the plan below. Be sure to sign and date the last section of the application.

I am Applying for Coverage for: ☐ Myself ☐ Spouse ☐ Children

The Daily In-Hospital Benefit Selected is: For Myself $ _____ per day. For Spouse $ _____ per day. For Child(ren) $ _____ per day.

FRAUD NOTICE – *For Residents of all states <u>except</u> those listed below:* 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 AL/AR/LA/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 CA: 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. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

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 MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 NY: 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.

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.

THIS IS A 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.

By signing and dating this application, I and my spouse/domestic partner (if proposed for insurance), request the insurance indicated, understand the effective date criteria, 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.

Member's Signature: X _____ **Date** _____
(PLEASE SIGN AND DATE IN INK.)

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www.geocarebenefits.com