Reserve Organization of America

Information Request For ROA Member:

Here's the ROA Group Senior Term Life Insurance information you requested.

Dear ROA Member,

Thank you for inquiring about the **ROA Group Senior Term Life Insurance**. Once your application is received and approved by the insurer, you will be sent your Certificate of Insurance.

This Senior Term Life Insurance is negotiated specifically for ROA Members in good standing age 50 and over. Their spouses age 45 and over are also eligible.

At an age when some veterans report that adding extra life insurance benefits can be difficult, you can now add $10,000... $25,000... up to $50,000 in life insurance to your family's financial protection.

You don't need a medical exam. You don't need your doctor to send in your medical records.

All it takes is a few satisfactory answers to the insurer on the enclosed Application and we'll get the paperwork going on as much as $50,000 in ROA Senior Term Life Insurance.

It can help pay off a mortgage or big medical bills, or help take care of final expenses or funeral costs.

Benefits are not limited to situations like accidents or certain medical conditions.

Benefits are not delayed until you've been covered for a certain amount of time.

There is no termination age. Coverage does not terminate no matter how old you are.*

You start out with 100% coverage on the very first day of your ROA Senior Term Life Insurance coverage. And you're covered for everything except suicide during the first year.

SATISFACTION GUARANTEED

You have 30 days to look over your Certificate of Insurance. If you're not satisfied with the coverage, you'll get a 100% refund of any money you may have sent, provided no claims have been submitted or paid. No hassles and no questions asked.

Apply today.

Sincerely,

David Chambers

David Chambers, Senior Vice President
Association Member Benefits Advisors, LLC
ROA Insurance Plans Administrator
Administrator License #1115788

*Coverage continues with no decrease in benefits until you reach age 75. At age 75, benefits reduce to 50%. At age 80, benefits reduce to 25% of original face value. At age 85 and after, benefits will be $2,500.

Senior Group Term Life Insurance Application

02050
074030010101

Negotiated For ROA Members And Their Families

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

To Apply:

Complete this form and return to:
ROA Group Insurance Program Administrator
P.O. Box 14536
Des Moines, IA 50306

Questions? 1-800-247-7988

Send No Money Now

Please print in ink or type all answers. Do not use correction fluid or gel pens. Initial and date any changes you make.
(Please make any necessary corrections to your full name and street address)

1 MEMBER INFORMATION

Name

Address

City State ZIP

Home Phone ( )

Date of Birth MO/DAY/YR **Height** ft. in. **Weight** lbs. **Sex** ☐ Male ☐ Female

Email (For internal use only for important announcements, time-sensitive bulletins or member notifications. Neither ROA nor the Plan Administrator will sell or rent your email address under any circumstances.)

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widow(ed) ☐ Civil Union† ☐ Domestic Partner†

†Eligibility of Domestic Partner/Civil Union partner is determined by state law.

Spouse/Eligible Partner

Name

Date of Birth MO/DAY/YR **Height** ft. in. **Weight** lbs. **Sex** ☐ Male ☐ Female

Are you presently insured under any Reserve Organization of America (ROA) Plans? ☐ Yes ☐ No

If "Yes," indicate which plan(s) and provide details (person insured and amount of insurance):
☐ Term Life ☐ 10-Year Level Term Life ☐ Joint Term Life ☐ SeniorTerm Life

Details

Do you or your spouse (if proposed for insurance) intend to reside outside the United States within the next 12 months?

Member: ☐ Yes, Country For How Long? ☐ No

Spouse: ☐ Yes, Country For How Long? ☐ No

G-31335-0

Please complete all pages and sign on page 4

2 MEMBERSHIP AFFILIATION

Are you now a member of the Reserve Organization of America (ROA)?

☐ Yes ☐ No

Membership # _____

Expiration Date _____

(Membership in ROA is required for participation in the plan. Affiliate members are not eligible.)

3 PAYMENT OPTION SELECTED

☐ **Electronic Funds Transfer (EFT):** I request and authorize the Administrator, ROA Member Group Insurance Program, to make ☐ monthly ☐ quarterly ☐ semiannual ☐ annual withdrawals against the account specified on the attached check 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 under this plan. (Enclose a VOIDED check.)

X _____ _____

SIGNATURE(S) AS REQUIRED ON CHECKS/WITHDRAWALS MADE AGAINST THIS ACCOUNT DATE

☐ **Periodic Billing: Quarterly**

4 INSURANCE REQUESTED (Refer to the enclosed brochure for eligibility, options and coverage description.)

I HEREBY APPLY FOR THE FOLLOWING COVERAGES ☐ Member (F/M0_1) ☐ Spouse (F/M0_5)

a. Initial Member Insurance Amount $_____

$10,000, $25,000 or $50,000

Initial Spouse Insurance Amount $_____

$10,000, $25,000 or $50,000

Note: Member must have coverage in order for Spouse to have coverage.

b. 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 _____

c. 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 be 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 ALL OTHER STATES

Is the insurance applied for intended to replace, discontinue or change an existing policy? Member ☐ Yes ☐ No Spouse ☐ Yes ☐ No

5 BENEFICIARY DESIGNATION

Death benefit will be paid to current beneficiary on file or if no one is designated, benefits will default to beneficiary designations as indicated in the certificate.

6 STATEMENT OF HEALTH (Please initial and date any changes you make on this form.)

To the best of your knowledge and belief, answer the following questions as they apply to you and your spouse, if applying for spousal coverage:

		Member	Spouse
1.	Is any person proposed for insurance now taking any prescribed medication or, receiving or contemplating any medical attention or surgical treatment?	☐ Yes ☐ No	☐ Yes ☐ No
2.	During the past five years, has any person proposed for insurance ever been medically diagnosed by a physician as having or been treated for: heart trouble, elevated blood pressure, gynecological or genitourinary disorders, ulcer, cancer diabetes, mental or nervous disorder or psychotheraputic treatment, epilepsy, respiratory disorder, kidney or liver disorder (including hepatitis), enlarged lymph nodes or immunodeficiency disorder, thyroid disorder, blood disorder, albumin, blood or sugar in urine, back trouble/disorder, arthritis or unexplained weight loss?	☐ Yes ☐ No	☐ Yes ☐ No
3.	During the past five years, has any person proposed for insurance been counseled, treated or hospitalized for the use of drugs or alcohol?	☐ Yes ☐ No	☐ Yes ☐ No
4.	During the past five years has anyone proposed for insurance suffered from incontinence or required assistance in bathing, toileting, dressing, eating, cooking or transferring?	☐ Yes ☐ No	☐ Yes ☐ No
5.	Has any person proposed for insurance had a parent or brother or sister who, prior to age 60, had been medically diagnosed by a physician as having or been treated for: cancer, a stroke, paralysis, hypertension, diabetes, heart disease, kidney disease, neuromuscular or mental illness?	☐ Yes ☐ No	☐ Yes ☐ No

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS, GIVE COMPLETE DETAILS BELOW.
(If you need more space, use a signed and dated separate sheet. Please avoid the use of such terms as "etc.," "various" or "miscellaneous.")

Question Letter/No.	Name of Proposed Insured	Illness or Condition—Date of Onset—Duration—Treatment—Operation—Degree of Recovery and Date	Name and Address of Physicians or Other Practitioners and Hospitals Where Confined or Treated

MEDICAL HISTORY: Please indicate the best contact number for a Service Provider to contact you and/or your spouse on behalf of New York Life Insurance Company for Medical History. (Please provide a contact number for each applicant that has the ability to accept voice messages for missed calls.)

Member Contact # (xxx) xxx-xxxx ☐ Residence ☐ Business ☐ Mobile

Spouse Contact # (xxx) xxx-xxxx ☐ Residence ☐ Business ☐ Mobile

7 AUTHORIZATION AND SIGNATURE

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 hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical or medically related facility, laboratory, insurance company or MIB, LLC ("MIB"), or other organization, institution or person, that has any records or knowledge of me or my health 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 reinsurers, 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 for the purpose of evaluating my application for insurance. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. 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.

A photocopy of this AUTHORIZATION and request form shall be as valid as the original. In all circumstances, my authorized agent or I may request a copy of this AUTHORIZATION. This AUTHORIZATION shall be valid for a period of 24 months from the date signed, unless sooner revoked. The AUTHORIZATION may be revoked at any time by sending written notice to New York Life Insurance Company. My revocation will not be effective to the extent that 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.

By signing and dating this application, the member requests the insurance indicated; and the member and any person proposed for insurance consent to authorize the disclosure of information to and from the providers noted above and in the IMPORTANT NOTICE, including making a brief report of our protected health information to MIB, LLC; and attest to having read the IMPORTANT NOTICE and Fraud Notices enclosed, including how our information is exchanged with MIB, and that to the best of our knowledge and belief, the answers provided to the questions are true and complete.

MEMBER'S SIGNATURE X _____ **DATE** _____

(PLEASE SIGN AND DATE IN INK.)

SPOUSE'S SIGNATURE X _____ **DATE** _____

(NECESSARY ONLY IF SPOUSE COVERAGE IS REQUESTED. PLEASE SIGN AND DATE IN INK.)

PAYMENT OF A PREMIUM CONTRIBUTION FOR INSURANCE DOES NOT MEAN THERE IS ANY COVERAGE IN FORCE BEFORE THE EFFECTIVE DATE AS SPECIFIED BY NEW YORK LIFE.

FRAUD NOTICES

FRAUD NOTICE—For residents of all states <u>except</u> those listed below <u>and</u> 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 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.

RESIDENTS OF CA: For your protection California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 MD: Any person who knowingly or willfully presents a false and 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 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.

IMPORTANT NOTICE:

How New York Life Obtains Information and Underwrites Your Request for Group Senior Term Life Insurance

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify 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, LLC ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage or a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB and such information may then be furnished by MIB, upon request, to a member company.

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 New York Life 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.

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 application 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.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. 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.

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, LLC 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901. Information for consumers about MIB may be obtained on its Web site at www.mib.com.

For NM Residents: PROTECTED PERSONS[1] have a right of access to certain CONFIDENTIAL ABUSE INFORMATION [2] 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 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 family member, employer or associate of a victim of domestic abuse or a person with whom the applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

New York Life Insurance Company **8/12 ed.**

Reserve Organization of America

ROA GROUP SENIOR TERM LIFE INSURANCE

- Please act on this "No-medical exam" offer by mailing your application.
- You can select a benefit amount of $10,000, $25,000 or $50,000.
- Once approved by the insurer and your premium payment has been received, full benefits start on day 1 of coverage.
- Your spouse/Domestic Partner (DP) may qualify for coverage too. The ROA member must have coverage in order for the spouse/(DP) to have coverage.
- There is no termination age. Coverage does not terminate no matter how old you are.*

ROA Senior Term Life Insurance
Monthly Group Rates

The initial cost of insurance for you and your lawful spouse is based on your/your spouse's attained age when insurance becomes effective, gender, and the amount selected. The cost increases as the member/spouse grow older. Premium contributions will vary depending upon the options chosen.

Attained Age - Member & Spouse	$10,000		$25,000		$50,000	
	Male	Female	Male	Female	Male	Female
45-49**	$6.70	$4.60	$16.75	$11.50	$33.50	$23.00
50-54	$9.20	$5.20	$23.00	$13.00	$46.00	$26.00
55-59	$13.80	$7.90	$34.50	$19.75	$69.00	$39.50
60-64	$20.00	$13.20	$50.00	$33.00	$100.00	$66.00
65-69	$30.90	$22.30	$77.25	$55.75	$154.50	$111.50
70-74	$43.10	$33.80	$107.75	$84.50	$215.50	$169.00

For your convenience, you will be billed four times a year. If applicable, an additional $2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Coverage begins on the first day of the month following approval by the Insurer and payment of first premium.

*Coverage continues with no decrease in benefits until you reach age 75. At age 75, benefits reduce to 50%. At age 80, benefits reduce to 25% of original face value. At age 85 and after, benefits will be $2,500. Coverage cannot be canceled as long as you remain a Member of ROA, pay your premiums when due and the group policy remains in effect.

****ROA Members can apply for coverage starting at age 50 (through age 74). Spouses can apply for coverage starting at age 45 (through age 74). A Member must have coverage in order for Spouse to have coverage.**

Who is Eligible?

ROA members between ages 50-74 are eligible to apply for coverage for themselves and their lawful spouses age 45-74. In order to become insured, satisfactory evidence of insurability must be provided and the required premium must be paid.

If both member and spouse are covered as members, neither may insure the other as spouse.

This coverage is available only for residents of the United States (excluding ME, NY, UT, WA and territories).

Effective Date

Note: You and your spouse will become insured on the date specified by New York Life Insurance Company provided the initial premium contribution received within 31 days after you are billed, satisfactory evidence of insurability has been submitted, and you and your spouse are performing the normal activities of a person in good health of like age. For any proposed insured who is not performing such normal activities on the date insurance would otherwise have taken effect, insurance will not take effect until the day he/she is performing such normal activities, provided such date is within three months of the date insurance would otherwise have taken effect and the person is still eligible. Spouse coverage will not take effect prior to member insurance.

Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by New York Life Insurance Company.

When Coverage Ends

Insurance for you/your spouse can remain in force as long as you remain eligible provided:

a) you continue to pay premium contributions when due; b) you remain a member of ROA; and c) the group policy is not terminated or modified by the Policyholder or New York Life Insurance Company to end insurance for the group of insureds to which you belong. The Accelerated Life Benefit will end the date your Life Insurance stops.

Accelerated Life Benefits

If you are diagnosed with a terminal illness with less than 12 months to live, you may qualify to receive up to 50% of your life insurance benefits before your death. The amount of your life insurance paid to your beneficiary will then be reduced by this amount. See your Certificate of Insurance for complete details. Receipt of the accelerated benefit may be taxable, or may adversely affect your eligibility for Medicaid or other government benefits. You should consult your personal tax advisor to assess the impact of this benefit.

Your Choice of Beneficiary

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

Incontestability

The validity of any amount of your insurance that has been in force for two years during your lifetime will not be contested except for insurance eligibility provisions or nonpayment of premium contributions.

Group Conversion Privilege

This policy provides conversion privileges under certain circumstances of involuntary termination as described in the Certificate of Insurance.

30-DAY FREE LOOK

If you're not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated, and you will be sent a full refund, no questions asked!

RENEWAL PAYMENTS AND CLAIMS

Once your application is approved, you will have a 31-day grace period for your payment of renewal premium contribution. When you want to submit a claim, call the Administrator at 1-800-247-7988 or email roa.service@getamba.com for claim forms.

Certificate Of Insurance

This brochure is only a brief description of the principal provisions including features, costs, eligibility, renewability, limitations and exclusions of the coverage. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Trustee of the Reserve Officers Association Insurance Trust d/b/a Reserve Organization of America.

When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the policy. Certain state restrictions apply.

ROA incurs costs in connection with this policy. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. ROA also receives a fee for the license of its name and logo for use in connection with this policy.

HOW TO APPLY

Consider Your Eligibility

Before you request coverage, you must be a member in good standing with ROA. Please wait until your application for ROA membership is accepted before initiating insurance request. If you have any questions regarding membership, please contact ROA directly.

Get Quicker, Easier Service When You Apply

The information provided when you fill out your Application can make the medical underwriting process quicker and easier. By providing complete and accurate information, you avoid delays that may occur while we wait for missing information to be received and shorten the time needed for underwriting decisions and approvals. New York Life Insurance Company relies on your answers and statements. Misstatements or failures to report information on your application may be used as the basis for invalidating your insurance.

Apply in Two Easy Steps

1. Refer to the description for benefits and premium costs as you fill out the application. Be sure to indicate whether you are requesting coverage for your spouse.

   If your state of residence mandates recognition of a Domestic Partner as an eligible spouse, contact the Administrator for a Declaration of Domestic Partnership form: call 1-800-247-7988, email roa.service@getamba.com to, or go to ww.roainsure.com to download the form.

2. Mail your completed application to:
   ROA Group Insurance Program
   P.O. BOX 14536
   Des Moines, IA 50306

If you have questions about your eligibility or the features of this policy, call a Customer Service Representative toll-free at 1-800-247-7988.

This Group Senior Term Life Insurance is Underwritten by:

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
under Group Policy No. G-31335-0
on Policy Form G-31335-0/GMR-FACE

NEW YORK LIFE and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.

This Group Senior Term Life Insurance is Administered by:

AMBA

ROA Group Insurance Program
P.O. BOX 14536
Des Moines, IA 50306

Questions?
Call: 1-800-247-7988
E-Mail: roa.service@getamba.com

AR Insurance License #100114462
CA Insurance License #0I96562
In CA d/b/a Association Member Benefits & Insurance Agency

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