

FRAUD NOTICES: Before signing your request for Life for Life, which includes a Statement of Health form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued. For Residents of all states except those listed below and **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:** 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. **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 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 summary highlights major features. Complete terms are governed by the group policy, issued by New York Life Insurance Company, New York, NY 10010, on Policy Form No. GMR to the Collegiate Alumni Trust.

This summary highlights major features of life insurance. Death by suicide within the first two years is the only exclusion. Premium is subject to change by the insurance company. Complete terms are governed by the group policy, issued by New York Life Insurance Company, New York, NY 10010 on Policy Form No. GMR to the Collegiate Alumni Trust.

Licensed Agents (varies by state): Meyer and Associates; Meyer and Associates, Inc.; Barbara G. Meyer; Ann L. Meyer; or Edward C. Meyer, Jr.; Florida resident agent: Michael Horan License#: A123064. Arkansas Insurance Producer License#: 38818. California Insurance Producer License#: 0705020/0780003.

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Want to insure your kids, too?



They can remain insured for the rest of their lives.

Underwritten by New York Life Insurance Company

Why buy life insurance for children?

Children's life insurance is intended mostly to protect insurability. Once insured, those covered by this plan can remain insured for life. Children can even increase their coverage regardless of adverse changes in health (details below). This coverage can also provide funds for a funeral, which costs, on average, about \$6,560*.

When a parent is insured, each child age 15 days to 18 years can become insured for \$10,000 and remain covered until age 23—all children for one premium of just \$3 a month...10¢ a day. Children born after this insurance begins are covered automatically on the later of (a) age 15 days and (b) release from the hospital.

The parent who applies for children's insurance is the beneficiary. If that parent dies, all future premiums for children's insurance are waived. At age 23, children can request an increase in their coverage to \$25,000 or more. They then may remain insured on their own as adults even if no parent remains covered.

*2010 National Association of Funeral Directors General Price List Survey

Questions?

Buying life insurance need not be confusing. If you have any questions or wish to send mail, please contact the administrator:

Meyer and Associates
18 Washington Avenue
Chatham, NJ 07928

800-635-7801

Weekdays 8:30AM—6PM Eastern Time

www.CollegiateAlumniTrust.org/life
info@meyerandassoc.com

Other products available through this program

Life insurance: Term life • Accidental death
Health insurance: Short term medical • Permanent medical • Student medical • Dental • Travel • Long term care • Medicare • Pet
Property and Casualty insurance: Auto • Home and renters



REQUEST FOR CHILDREN'S LIFE INSURANCE

from New York Life Insurance Company, New York, NY 10010

I request the children's insurance described in this offer. To the best of my knowledge and belief, the Statement of Good Health below applies to each child named in this request.

Statement of Good Health: On behalf of each child proposed for insurance, I state that he/she: (1) is not ill or considering medical attention or treatment, and (2) has never been counseled, hospitalized, or treated for using alcohol or drugs, and (3) has never had (a) kidney or lung disease, high blood pressure, diabetes, enlarged lymph nodes, cancer, or tumors, (b) disorder of the immune, circulatory, or digestive system (including liver and pancreas), or (c) mental, emotional, nervous, neurological, heart, or blood disorder.

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

Print Parent Name (mother OR father) _____ Parent Acct. # _____

Street Address _____

City _____ State _____ Zip _____

Children Proposed for Insurance. Do not list any child to whom the Statement of Good Health does not apply. If more than two children are proposed for insurance, attach a separate sheet that you have signed and dated.

Child's Name _____ First / Middle Initial / Last _____
 Male Female Birth Date _____
Month _____ Day _____ Year _____

Child's Name _____ First / Middle Initial / Last _____
 Male Female Birth Date _____
Month _____ Day _____ Year _____

I have read and understand the Fraud Statement on the previous page. I understand that the premium for children's insurance, at the rate of \$3 per month, is paid at the same time as my own premium.

- I have an EFT authorization on file. Add \$3 to my monthly EFT withdrawal.
- Enclosed is an \$18 check (payable to "Collegiate Alumni Trust") for the first six-month premium. I understand that future premiums will be billed with my own premium.

X Parent Signature _____ Date _____