



# ACP BENEFIT ENROLLMENT FORM

## ACP GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Complete this form and return with your premium check payable to:

ADMINISTRATOR  
ACP GROUP INSURANCE PROGRAM  
PO BOX 9947 Phoenix, AZ 85068  
**Questions? Call: 1.855.749.7908**

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

### 1 Member Information:

Please print in ink or type. Do not use correction fluid or gel pens. Initial and date any changes made.

Member Name:

Home Address:  (FULL NAME: LAST - FIRST - M.I.)

City, State, Zip:

Member Date of Birth:  -  -  ACP Member Number:   
MM DD YYYY

Sex:  M  F Marital Status:  Married  Divorced  Single  Widow(ed)  Civil Union\*  Domestic Partner\*

\*Eligibility of Domestic Partner/Civil Union partners is determined by State law.

NOTE: If you select family coverage, the benefit amounts for your spouse and children are based on your family status. Please see enclosures for details.

### 2 Benefit Level:

- \$100,000.00  Member & Family  Member Only
- \$200,000.00  Member & Family  Member Only
- \$300,000.00  Member & Family  Member Only
- \$400,000.00  Member & Family  Member Only
- \$500,000.00  Member & Family  Member Only

### 3 Please Read, Sign and Date:

I hereby enroll with New York Life Insurance Company of New York, New York, for coverage under the ACP Group Accidental Death and Dismemberment Insurance. I have read and understand the Fraud Warnings conditions and exclusions of the program. I understand my coverage will become effective upon the day of approval.

Member's Signature:

Date:  -  -   
MM DD YYYY

Spouse's Signature:    
(NECESSARY ONLY IF SPOUSE COVERAGE IS REQUESTED. PLEASE SIGN AND DATE IN INK.)

Date:  -  -   
MM DD YYYY

**Please include a check for your first month's premium, then sign, date and mail to enroll.**

Once completed and dated, this should be submitted at once to:

ACP Group Insurance Program  
P.O. Box 9947, Phoenix, AZ 85068 • 1-855-749-7808

Continued on page 2

## 4 Fraud Notice:

**FRAUD NOTICE—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.

**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.