



GROUP CATASTROPHE MAJOR MEDICAL INSURANCE ENROLLMENT FORM

FOR RESIDENTS OF NEW YORK

TO ENROLL:

Send this completed form with your premium check payable to:

MARSH

Attn: Association Department
777 S. Figueroa Street
Los Angeles, CA 90017

QUESTIONS?

1-888-882-2269

NYCBar.Insurance@marsh.com

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

Applicant's Name _____
First Middle Last

Billing Address _____
City State Zip Home Telephone No.

Spouse/Domestic Partner's Name _____
(if applying for insurance) First Middle Last

Spouse/Domestic Partner's Billing Address _____
(if applying for insurance) City State Zip Home Telephone No.

1. Are you, and all those for whom coverage is requested, covered under the basic major medical plan, HMO, or PPO?
 Yes No

2. Or, are you, and all those for whom coverage is requested covered by Medicare Parts A and B?
 Yes No

If **YES**: Name your insurer, HMO provider, PPO provider, Medicare Parts A and B, and check whether coverage is Group or Individual

If **NO** for both questions: You do not qualify for this coverage.

3. Please check one: Member Only Coverage
 Family Coverage – including Member, Spouse/Domestic Partner and/or Children

4. Deductible: \$25,000

If you are enrolling for Family Coverage, please complete the following

Type	Name	Date of Birth (Mo/day/yr)	Place of Birth	Height	Weight	Gender Male/Female
Applicant				___ ft ___ in	_____ lbs	
Spouse/ Domestic Partner				___ ft ___ in	_____ lbs	
Child				___ ft ___ in	_____ lbs	
Child				___ ft ___ in	_____ lbs	
Child				___ ft ___ in	_____ lbs	
Child				___ ft ___ in	_____ lbs	

CT385E-166184

I understand that this plan will not pay any benefits during the first twelve months after the effective date for an injury or sickness I or any proposed insured now have, or have had in the past six months. However, if I am a resident of New York, and if I or any proposed insured was covered under another medical insurance plan that terminated within 63 days of the effective date of coverage under this plan, this limitation will be reduced by the amount of time covered under that previous plan.

Important Notice – Any person who knowingly and with intent to defraud any insurance company or other person files a 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the states value of the claim for each such violation.

Applicant's Signature _____ **Date** _____

Spouse/Domestic Partner's Signature _____ **Date** _____
(if applying)

E-166,184
AG-7320T
CT385E-166184
August 2009

Group Policy No. E-166,184



Domestic Partnership Declaration

Name of Applicant _____

Name of Domestic Partner _____

The undersigned member and domestic partner, being of sound mind, hereby state the following:

1. That the undersigned member and domestic partner have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations and that this commitment is of at least six months duration and is expected to continue indefinitely.
2. That the undersigned member and domestic partner share a single permanent residence (attach one copy of evidence such as driver's license).
3. That the undersigned member and domestic partner are financially interdependent as demonstrated by at least two of the following (check all that apply and attach copy of evidence):
 - Common ownership of a motor vehicle.
 - Joint bank or credit accounts.
 - Assignment of durable power of attorney in favor of one another.
 - Common ownership of real estate or common leasehold interest in property.
 - Joint ownership or holding of stocks, bonds, or other investments.
 - Execution of will naming each other as executor and/or beneficiary.
 - Designation as beneficiary under the other's retirement or pension benefits account.
4. That the undersigned member and domestic partner (check one):
 - have filed a domestic partner declaration with the (City/Council/Borough) of _____ and that such domestic partner declaration remains in effect (attach copy of declaration).
 - do not reside in a jurisdiction which provides for the registration of domestic partnership declarations.
5. That neither the undersigned member nor domestic partner would be able to affirm questions 1 through 4 above with respect to any person except the other.
6. That neither the undersigned member nor domestic partner has executed or filed a declaration or affidavit of domestic partner status with any other person within the past 12 months.
7. That the undersigned member and domestic partner are each no less than 18 years of age, and are under no legal disability which would prevent them from making this affidavit.
8. That neither the undersigned member nor domestic partner are now, or have been within the past six months, married to any other person, including common law marriage.
9. That the undersigned member and domestic partner are not related by blood in any degree which would prevent their marriage to each other.

The undersigned member and domestic partner represent that the statements made herein are true and correct to the best of their knowledge, information and belief. Member and domestic partner understand that these statements are given for the purpose of establishing their eligibility and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the domestic partner for coverage under such policy, and in the voiding of such coverage. The member and domestic partner agree to furnish upon the Company's request evidence to substantiate any statement made herein, and that the Company may require the member and/or domestic partner, if living, to reaffirm all statements made herein periodically and/or when a claim is submitted. In the event any coverage is voided due to any misrepresentation herein, the Company's liability shall be limited to a return of any premiums paid on behalf of the domestic partner for any period of ineligibility.

Applicant's Signature _____ **Date** _____

Soc. Sec. No. _____

Domestic Partner's Signature _____ **Date** _____

Soc. Sec. No. _____

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AUTOMATIC CHECK WITHDRAWAL REQUEST: By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below. **Remember to include your first premium and a blank voided check with your application.**

Bank Name: _____

Bank Address: _____

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature of Premium Payer _____ Date _____

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\$1,000,000 Group Catastrophe Major Medical Insurance Plan With Convalescent Home and Home Health Benefits



FOR NEW YORK CITY BAR ASSOCIATION MEMBERS AND THEIR FAMILIES

Guaranteed Acceptance • No Health or Medical Questions • Available Regardless of Age!

For New York Residents

Today, the medical costs of a serious non-job related injury or sickness may be far beyond the benefits provided by the average hospitalization or major medical insurance policy. Rising hospital and convalescent care costs, escalating doctors' fees, expensive medication, home health care costs, specialized surgical procedures and new sophisticated equipment can push your expenses far over the limit your basic insurance was ever designed to handle.

What if you were suddenly stricken by a serious non-job related injury or sickness requiring major surgery or even an extensive recuperation period? In addition to a hospital stay, you may need nursing or convalescent home care. Who would pay those bills?

Even though your basic health insurance policy may have a large lifetime maximum benefit, benefits may be restricted per year as to what will and won't be covered.

That's exactly why you need this \$1,000,000 Catastrophe Major Medical Insurance Plan ... to help take over when your basic health insurance (including Medicare) runs short. This is an ideal Plan to help cover the rising cost of extensive medical care. Your need for this type of coverage continues to grow. Changes in Medicare, continually rising costs for medical treatment ... all point to the need for Catastrophe Major Medical coverage.

Features of the Catastrophe Major Medical Plan

How the Plan Works

This Plan has a \$25,000 deductible feature to help keep your premiums economical. Eligible expenses paid for by your basic health insurance plan or Medicare (except inpatient hospital charges for non-Medicare beneficiaries) as well as those paid out of your own pocket apply toward meeting your deductible when a covered non-job related injury or sickness strikes. The \$25,000 deductible applies separately to each insured person for each sickness or injury. You have 24 months to satisfy the deductible.

After you satisfy the \$25,000 deductible for each sickness or injury the Plan pays up to 100% of eligible reasonable and customary expenses for that sickness or injury for each three-year benefit period – up to a lifetime maximum of \$1,000,000. Some benefits are subject to other limits as described in this brochure and as defined in the Certificate of Insurance that you will be sent once you are insured.

Hospital and Intensive Care Benefits

If You Are Not A Medicare Beneficiary

If you are not a Medicare beneficiary and if the cash deductible requirement is not satisfied by the eligible benefits of your basic plan, you will receive a \$2,000 credit toward your plan deductible for each day of confinement in a hospital regardless of the actual charge, but not in excess of the deductible amount. After your deductible is met, your hospital benefits for inpatient or intensive care charges per benefit period are:

The first thirty days of hospital confinement:	\$75.00
Next 100 days:	\$100.00
Thereafter:	\$150.00

These benefits will be paid regardless of any reimbursement received from any underlying basic coverage. This only applies to charges made by a hospital while you are confined as an inpatient.

If You Are A Medicare Beneficiary

If you are a Medicare beneficiary, your benefits will equal the reasonable and customary inpatient or intensive care charges up to \$400 per day for hospital room and board charges; and up to \$800 a day for confinement in an Intensive Care Unit after your deductible is satisfied.

Terms of Coverage

Once the benefit period begins, all eligible expenses due to the same recurrent sickness or injury are covered until either the \$1,000,000 lifetime maximum is reached, the three year benefit period ends, or if no charges are incurred for the sickness or injury for 12 consecutive months. After the benefit period ends, a new deductible accumulation period will begin and a new deductible will be required.

Renewability

You can continue your coverage for as long as you want, regardless of your age, as long as you pay your premiums when due and the Group Policy remains in force. Coverage for your dependent spouse/domestic partner and children will continue until your insurance ends, dependents' insurance ends under the group policy, the person ceases to be a dependent or premium is not paid for the dependent when due.

Common Disaster Benefit

If 2 or more insured family members are injured in the same accident, the covered charges incurred by each person due to the accident will be combined. If the total exceeds the deductible amount, no further deductible will be required for such persons for any injury caused by the accident.

Pays up to 100% for the following reasonable and customary expenses after the deductible is satisfied

- Miscellaneous Hospital Services.
- Doctor bills; physicians, surgeons and licensed physiotherapists.
- Private duty nursing services by a registered or licensed practical nurses where medically necessary – up to \$300 per day – maximum \$30,000 per benefit period.
- Oxygen; rental of equipment or its administration and rental of wheelchairs or hospital beds.
- Prescription drugs and medications.
- Surgery; anesthetic and its administration.
- Ambulance service up to \$2,000 per benefit period.
- Blood and blood plasma; artificial limbs and eyes; surgical dressings, casts, splints, braces, trusses, crutches.
- Diagnostic tests, x-rays and laboratory fees; radiation and chemotherapy.
- Dental care, treatment or surgery if natural teeth are injured by a covered non-job related accident which occurs while the person is insured and such services are rendered within 12 months of the accident or they are made by a hospital while the person is hospitalized.
- Home Health Care up to 100 visits per benefit period. Each visit by a member of a home health care team will be considered one home health care visit. Four hours of home health aide services will be considered one home health care visit. The plan of care must be in lieu of confinement in a hospital or skilled nursing facility and set up and approved by a physician and a certified home health care agency.
- Hospice Care for the terminally ill up to 210 consecutive days of confinement per benefit period and up to 5 visits per benefit period for bereavement counseling to the family of the terminally ill person.
- Psychiatric, mental, nervous or emotional disorders, ailments or illness. Diagnosis and treatment while the person is hospitalized – up to 30 days per calendar year (for Medicare Beneficiaries only). Diagnosis and treatment up to 30 visits per calendar year for outpatient visits, subject to a maximum benefit of \$50 per visit (the facility for such visits must: have been issued an operating certificate by the commissioner of mental health pursuant to the mental hygiene law, or be operated by the office of mental health, a psychiatrist or psychologist licensed to practice in New York, or a professional corporation of such psychiatrists or psychologists) and up to 3 visits per calendar year for psychiatric emergency, subject to a benefit of \$60 per visit. Benefits provided for emergency visits will reduce benefits otherwise payable for inpatient or outpatient care as described (for Medicare and Non-Medicare Beneficiaries).

- Alcoholism, alcohol abuse, substance abuse and substance dependency. Diagnosis and treatment while the person is hospitalized and up to 30 days per calendar year for inpatient rehabilitation in a certified or accredited alcoholic or substance abuse treatment center (for Medicare Beneficiaries only). Up to 60 visits per calendar year for outpatient diagnosis and treatment in a certified or accredited alcoholic or substance abuse treatment center with up to 20 of such visits for family members of the alcoholic or substance abuser (for Medicare and Non-Medicare Beneficiaries).
- PLUS: Convalescent Home benefit up to \$300 per week for confinement due to a non-job related injury or sickness beginning within 14 days after hospital confinement ends and must be due to the injury or sickness which required the hospitalization; lifetime maximum \$46,800. (Refer to “convalescent home” definition.)

Pre-Existing Conditions

Any injury or sickness which would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment which manifested itself within 6 months prior to the effective date of coverage, or any injury or sickness for which medical advice, diagnosis, care or treatment was recommended or received within 6 months prior to the effective date is a pre-existing condition. Pregnancy that exists on the effective date is also a pre-existing condition. Pre-existing conditions are not covered unless the insured person has been covered under the Group Policy for 12 continuous months. ALL covered injuries and sicknesses which occur AFTER the effective date of insurance are eligible immediately.

Convalescent Home Definition:

Convalescent Home MEANS a licensed institution that has – organized facilities to care for and treat its patients; a staff of physicians to supervise such care and treatment; and a registered nurse on duty at all times. A Convalescent Home DOES NOT mean a place, or part of one, which is used mainly for the aged; alcoholics; drug addicts; or persons with mental, nervous or emotional disorders.

Who is eligible?

All members in good standing are eligible to enroll for coverage for themselves as well as their lawful spouse/domestic partner regardless of age. Unmarried dependent children under age 19 (25 if a full-time student) are also eligible to enroll for coverage.

“Children” includes stepchildren and adopted children who are supported by you. A child in the process of adoption will be considered a dependent from the day he is supported by you.

A spouse/domestic partner or child who is eligible for insurance under the group policy as a member will not be considered a dependent. If a husband and wife are both insured under the group policy as a member, their children can be insured under the husband's insurance or the wife's insurance, but not both. If a child's parents are both insured under the group policy as members, the child may be insured under either parent's insurance, but not both.

You and your dependents, if enrolling, must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status on the date insurance is to take effect. If not, insurance will take effect on the day you resume such activities.



Enrolling is easy

Enclosed you'll find a short, easy-to-understand enrollment form for the Catastrophe Major Medical Insurance Plan. All the information you need on how to enroll is on the enrollment form.

30-Day Free Look

There is no risk involved in enrolling for this coverage. When you receive your Certificate of Insurance, read it carefully. If you are not completely satisfied, simply return the Certificate within 30 days. Your coverage will be cancelled and you will receive a full refund of premiums paid.

Questions?

Just call the Plan Administrator,
Marsh Affinity Group Services
a service of Seabury & Smith
1-888-882-2269

Your Premium payments:

	Quarterly	Monthly Automatic Check Withdrawal
Member:	\$105.60	\$35.20
Member & Spouse/ Domestic Partner:	\$211.20	\$70.40
Member, Spouse/ Domestic Partner & Child(ren):	\$245.28	\$81.76
Member & Child(ren):	\$139.68	\$46.56

Exclusions and Limitations

No benefit is payable unless the expense is incurred while you are insured, and upon the recommendation of a legally qualified physician who is treating the sickness or injury. No benefit is payable for expenses which you are not legally obligated to pay. No benefits will be paid by the group policy for charges incurred for treatment which results from: war or act of war; intentionally self-inflicted injury; treatment which would be given free of charge if the person was not insured; treatment which is not essential for the necessary care or treatment of the injury or sickness involved; treatment given by a person's spouse or his or his spouse's father, mother, son, daughter, brother or sister or a person's employer or an employee of such employer or treatment which is given after a person's insurance ends, regardless of when the injury or sickness occurred. Also, eligible expenses do not include charges to buy or rent air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, eye glass frames or lenses, hearing aids, swimming pools or supplies for them, general exercise equipment, or charges for a routine physical exam, except charges for preventive mammography and cytologic screening. Benefits will be paid for covered charges incurred for dental care, treatment or surgery only to the extent that it is necessary to treat a non-job related injury to natural teeth, the injury is caused by an accident which occurs while insured and such services are rendered within 12 months of the accident or they

are made by a hospital while the person is insured; treatment for temporomandibular joint dysfunction (TMJ) except for those charges for crowns or bridgework; eye exams to prescribe or fit corrective lenses for eyeglasses only to the extent that it is necessary to treat a non-job related injury and the injury is caused by an accident which occurs while insured; cosmetic treatment or surgery only to the extent that it is necessary to treat a non-job related injury or sickness or a congenital disease or anomaly of a dependent child resulting in a functional defect; diagnosis and treatment for alcoholism or alcohol abuse and substance abuse or substance dependence or psychiatric, mental, nervous or emotional disorders, ailments or illness only as provided herein. See the Certificate for a complete description of limitations and exclusions.

Administered By:**MARSH**

Attn: Association Department
777 S. Figueroa Street
Los Angeles, CA 90017

Call: 1-888-882-2269
www.MarshAffinity.com

AR Ins. Lic. #245544
CA License #0633005
d/b/a in CA Seabury & Smith Insurance Program
Management

Underwritten By:

**The United States Life Insurance Company
in the City of New York**
3600 Route 66
P.O. Box 1580
Neptune, NJ 07754-1580

The underwriting risks, financial and contractual obligations and support functions associated with products issued by The United States Life Insurance Company in the City of New York (United States Life) are its responsibility.

This brochure is a brief description of coverage and is subject to the terms, conditions, exclusions and limitations of Group Policy No. E-166,184, Form No. G-19000. See your Certificate of Insurance for details.

The most prominent independent ratings agencies continue to recognize The United States Life Insurance Company in the City of New York in terms of insurer financial strength. For current insurer financial strength ratings, please consult the Web site at www.aamericangeneral.com/ratings.

The insurance described in this brochure meets the minimum standards for limited benefit health insurance as defined by the New York State Insurance Department. It does NOT provide basic hospital, basic medical, major medical, nursing home and/or home care, or long term care insurance as defined by the New York State Insurance Department.

Group Policy No. E-166,184
AG-7320T

CT385P-166184
August 2009

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Important Notice to Persons on Medicare This Insurance Duplicates Some Medicare Benefits

This is not Medicare Supplement Insurance

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement Insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare.
- it pays the fixed dollar amount stated in the policy and Medicare covers the same event.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice care
- other approved items and services.

BEFORE YOU BUY THIS INSURANCE

1. Check the coverage in **all** health insurance policies you already have.
2. For more information about Medicare and Medicare Supplement Insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
3. For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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