Renaissance

DENTAL · VISION · LIFE · DISABILITY

Renaissance Life & Health
Insurance Company of New York
[2 Court St. Binghamton, NY 13901]
NEW YORK

MEMBER ENROLLMENT FORM

—Please Type Or Print Clearly In Dark Ink—

SECTION I | INFORMATION

Name of Participating Organization:	**Group ID Number:**
[Unit Name and Number:]	**Policy Number(s):**
Date of Membership *(mm/dd/yyyy)*:	**Billing Class:**

Application Type: ☐ Initial Request ☐ Late Applicant ☐ Re-enrollment ☐ Change in Status ☐ Other
If Other Specify: _____

SECTION II | MEMBER INFORMATION (Completed By Applicant)

Full Name *(Last, First, MI)*:	☐ Male ☐ Female	**Email:** **Phone:**	
Street Address *(Include Apt#/Suite)*:	**City:**	**State:**	**ZIP Code:**
Social Security Number:	**Date of Birth** *(mm/dd/yyyy)*:	**Position Title:**	

SECTION III | BENEFICIARY

Full Name (First, Last, MI)	Relationship To You	Address	Phone	Social Security Number	Percentage
CONTINGENT BENEFICIARY					

If you need more room, please request our Beneficiary form

Total percentages should add up to 100%. If no percentages are indicated, the proceeds will be divided equally.

SECTION IV | SIGNATURE

My signature on this Enrollment Form further represents that:

I am applying for the coverages designated for which I am eligible under my organization's plan with Renaissance and I understand that no coverages above the Guaranteed Issue Limit are effective until my completed Evidence of Insurability is approved by Renaissance. If I am applying as a Late Applicant, I understand that no coverage is effective until my completed Evidence of Insurability is approved by Renaissance and certain limitations may apply.

[I understand that if I am Hospital Confined, that coverage will be deferred until the day after Hospital Confinement ends.]

For any Life or AD&D coverage for which I am applying, I designate the Beneficiary(ies) named in the Beneficiary section of this Enrollment Form to receive any benefits payable in the event of my death.

ACCELERATED DEATH BENEFITS NOTICE: Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. The portion of the death benefit which is accelerated will be discounted. There may be a processing fee upon acceleration.

[If this form is to be signed electronically, I agree that, by typing my name on the "Applicant's Signature"/"Spouse's Signature" line and entering my birth month and year below, I will be signing this Employee Enrollment Form and that such signature will be as legally binding as if I had manually signed this Employee Enrollment Form.]

The Enrollment Form is subject to approval, refusal or modification in accordance with Renaissance guidelines. Material misrepresentation will cause this form and subsequent coverage to be voidable (not applicable to Life Insurance).

[FRAUD WARNING (NOT APPLICABLE TO LIFE INSURANCE): 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 IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.]

Member Signature *(Required)*	Member Date of Birth *(mm/dd/yyyy)*	Date Signed *(mm/dd/yyyy)*