

**Complete this form and return to:**

AAFP Insurance Services, Inc.  
11400 Tomahawk Creek Parkway  
Suite 220  
Leawood, KS 66211

This is a request for Group Insurance from:



New York Life Insurance Company  
51 Madison Avenue  
New York, NY 10010

**Questions?** Call (800) 325-8166 | Web: [www.aafpins.com](http://www.aafpins.com) | Email: [insurance@aafpins.com](mailto:insurance@aafpins.com)

**MEMBER INFORMATION** PLEASE PRINT IN INK OR TYPE ALL ANSWERS

## 1. APPLICANT

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Member number \_\_\_\_\_

## 2. ADDITIONAL INFORMATION

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ M ☐ F

Soc. Sec. #: \_\_\_\_\_

## 3. INSURANCE REQUESTED

*(Refer to the material for eligibility and coverage description.)*

☐ I accept \$100,000 in Traditional Term Life Insurance at no cost to me.

## 4. BENEFICIARY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Percentage of Benefits \_\_\_\_\_

## 5. SIGN, DATE AND MAIL THIS FORM TODAY

By signing and dating this enrollment form, I hereby **request** the insurance indicated at no cost to me. I **attest** that I am a third year Family Medicine Resident Doctor as of the date indicated on this Enrollment Form. I understand that I have until 12/31/2025 to accept this offer and understand my coverage will be in effect 1/1/2026-12/31/2026. I further understand that after the first year of no cost coverage, in order to receive the no cost coverage for a second year I must become a dues paying member by 12/31/2026. I have read the Fraud Notices enclosed and that to the best of my knowledge and belief, the answers to the questions are true and complete.

Signature (Member) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(One signature only, please)

## 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 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 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 decide whether the replacement is in your best interest.

**Residents of New York:** I have read the Important Replacement Information above. ☐ Yes ☐ No

Is the life insurance applied for intended to replace, in whole or in part, any existing insurance or annuity?

☐ Yes ☐ No

**Residents of All Other States:** Is the Insurance applied for intended to replace, discontinue, or change an existing insurance or annuity? ☐ Yes ☐ No

**QUESTIONS? CALL (800) 325-8166**

## **FRAUD NOTICES**

**FOR RESIDENTS OF ALL STATES EXCEPT THOSE LISTED BELOW:** 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 NY:** For accident and health insurance only, any person who knowingly and with intent to defraud any insurance company or any 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**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 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.

2.2023 ed

UNDERWRITTEN BY:



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Insurance Company**  
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New York, NY 10010

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**AAFP Insurance Services, Inc.**

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