

**Information Request For ROA Member:**

**Here's the ROA Group Accidental Death & Dismemberment (AD&D) Insurance information you requested.**

Dear ROA Member,

Thank you for inquiring about the ROA Group Accidental Death and Dismemberment (AD&D) Insurance. Enclosed you'll find more information regarding this ROA-endorsed AD&D coverage.

AD&D Insurance pays a lump sum benefit when a covered accident results in a fatality or dismembering injury, and it pays in addition to any other insurance you may have. As an ROA member under age 70 and residing in the U.S., you have a choice of benefit amounts, up to \$500,000, with the option to cover you and your family. This insurance program helps protect you around the world and around the clock!

Along with paying a Principal Sum (that you choose) for loss of life, AD&D Insurance also pays for loss of limbs, sight, and hearing occurring within 180 days (365 days in WA and UT) of a covered accident. This coverage includes additional features such as a limited benefit for military air travel, extra benefits to help your family cover education costs...day care... injury rehab...and more. See the enclosed Benefit Summary for more details.

Please consider these benefits of AD&D Insurance today:

- Guaranteed acceptance, no medical exam required.
- Coverage for your entire family.
- Member-only priced group rates.

Sincerely,



David Chambers, Senior Vice President  
Association Member Benefits Advisors, LLC  
ROA Insurance Plans Administrator  
Administrator License #1115788

P.S. Act now. Please review the Benefit Summary for more information.  
Fill out the form and mail it back today.

**DON'T SEND MONEY NOW!**

**Association Member Benefits Advisors, LLC**  
P.O. Box 14536 • Des Moines, IA 50306  
1-800-247-7988 • roa.service@getamba.com • www.roainsure.com



Request for Group Insurance Program from  
New York Life Insurance Company  
51 Madison Avenue, New York, NY 10010

Send no money now. Complete this form and return to:  
ROA Group Insurance Program, P.O. Box 14536, Des Moines, IA 50306.

**1. INSURANCE REQUESTED: I HEREBY APPLY FOR THE FOLLOWING COVERAGE**

- |                  |   |   |  |
|------------------|---|---|--|
| <b>\$500,000</b> | <input type="checkbox"/> Member & Family (00V3) | <input type="checkbox"/> Member Only (00V1) | \$ _____*<br>*\$50,000 minimum in<br>\$25,000 increments |
| <b>\$250,000</b> | <input type="checkbox"/> Member & Family (00K3) | <input type="checkbox"/> Member Only (00K1) |  |
| <b>\$200,000</b> | <input type="checkbox"/> Member & Family (00H3) | <input type="checkbox"/> Member Only (00H1) |  |
| <b>\$150,000</b> | <input type="checkbox"/> Member & Family (00F3) | <input type="checkbox"/> Member Only (00F1) |  |
| <b>\$100,000</b> | <input type="checkbox"/> Member & Family (00D3) | <input type="checkbox"/> Member Only (00D1) |  |

NOTE: If you select family coverage, the benefit amounts for your spouse/domestic partner and children are based on your family status. Please see enclosures for details.  
After the first billing, to avoid future billing fees, select Electronic Funds Transfer (EFT) as a secure payment option.

**2. PERSONAL INFORMATION**

Name: \_\_\_\_\_ ROA Member Number: \_\_\_\_\_  
Last First MI  
 Add 1: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)  
 Add 2: \_\_\_\_\_ Marital Status:  Married  Divorced  Single  Widow(ed)  
 Civil Union\*  Domestic Partner\*  
 City, St., Zip: \_\_\_\_\_ \*Eligibility of Domestic Partner/Civil Union partners is determined by state law.

**3. PAYMENT OPTION (Choose only one)**

**OPTION 1: Electronic Funds Transfer (EFT):** I request and authorize the ROA-endorsed Group Insurance Programs to make quarterly withdrawals against the account specified on the attached voided check and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions due under this Group Accidental Death & Dismemberment Insurance. (Enclose a voided check.)

**X** \_\_\_\_\_ Date **X** \_\_\_\_\_  
 (Signature(s) as required on checks issued/withdrawals made against this account.)

**OPTION 2: Periodic Billing:** Semiannually, Select Electronic Funds Transfer to save the \$2.00 billing fee.

**4. BENEFICIARY**

The death benefit will be paid in the following order of survival: Spouse/domestic partner, children equally, parents equally, brothers and sisters equally or to the owner's estate. An alternative beneficiary(ies) can be designated by contacting the Plan Administrator at 1-800-247-7988.

**5. PLEASE READ, SIGN AND DATE**

I hereby apply with New York Life Insurance Company of New York, New York, for coverage under ROA Group Accidental Death and Dismemberment. I have read and understand the attached Fraud Warnings and conditions and exclusions of the program. I understand my coverage will become effective upon the first day of the month following the administrator's receipt of this application and my premium payment.

Member's Signature **X** \_\_\_\_\_ Date **X** \_\_\_\_\_

Reserve Officers Association Insurance Trust d/b/a Reserve Organization of America

## 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.

**FOR 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.

**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.

## Group Accidental Death & Dismemberment (AD&D) Insurance Benefit Summary

Underwritten by New York Life Insurance Company

### For ROA Members and Their Families

### **\$50,000 TO \$500,000 MEMBER COVERAGE!**

Accidents. Television and newspapers report them every day. But what if one happened to you? Would your family have the financial resources to survive the crisis? If you travel a great deal in your work ... or if you are subject to possible injury on the job ... you may need ROA-endorsed Group Accidental Death & Dismemberment (AD&D) Insurance. It helps protect you and your insured family members by providing accident protection that covers you year round ... anywhere in the world.

### **WHO IS ELIGIBLE?**

As an ROA member under age 70, you are eligible to apply for coverage for yourself, your lawful spouse/domestic partner under age 70, and unmarried dependent children under age 26. To become insured, a completed Form must be submitted and the required premium contribution must be paid when billed.

This coverage is available to residents of the United States (except MO, MT, NV, NH, NM, NY, UT and territories).

### **WHAT YOU CAN CHOOSE**

You may select a Principal Sum ranging from \$50,000 to \$500,000 (in units of \$25,000) for yourself at member-only group rates. You have a choice of whom you wish to insure- Member Only Coverage or the Family Coverage. Member Only Coverage pays benefits for covered accidental death or injury for you alone. Family Coverage is designed to cover all of your eligible dependents for benefit amounts based on a percentage of your Principal Sum.

An individual may not be insured under one or more AD&D Group Policies underwritten by New York Life for a total amount of AD&D coverage that exceeds current over-insurance standards.

### **ADDITIONAL Benefits Included**

With this coverage, your loved ones can collect additional benefits – on top of the lump sum benefit – for specific situations. For example, if you select \$100,000 in benefits, your beneficiaries could receive extra benefits for the following:

- **\$50,000 Common Carrier Benefit:**  
If your covered accidental death is a result of traveling as a fare-paying passenger or boarding or debarking a licensed common carrier (plane, train, taxi, etc.).
- **\$25,000 Safe Driver Benefit:**  
If you have a covered fatal car accident and were wearing a seat belt at the time. This benefit increases to \$40,000 if the car you were in or driving had factory-installed airbags that operated properly upon impact.
- **\$2,500/Year Child Care Benefit:**  
If you have children under age 13 in daycare, the coverage pays this amount each year for up to six years for each child.
- **\$5,000 Children's Education Benefit:**  
Your children can receive this benefit each year for up to four years to continue their education.

### **Current 2026-2027 Monthly Rates\***

Benefit Amount	Member Rate	Member & Family Rate
\$100,000	\$5.40	\$7.50
\$150,000	\$8.10	\$11.25
\$200,000	\$10.80	\$15.00
\$250,000	\$13.50	\$18.75
\$500,000	\$27.00	\$37.50

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date and any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds. For example, a class of insureds is a group of people all with the same issue age. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Reserve Officers Association Insurance Trust d/b/a Reserve Organization of America.

\*You will be billed semi-annually. If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Your spouse's/domestic partner's benefits are 40% of the benefit amount you choose and dependent child(ren)'s benefits are 10% of your benefit. If you are unmarried, each dependent child's coverage will be 15% of your benefit. If you have no children, your spouse's/domestic partner's benefits are 50% of your coverage.

### How Your ROA Benefits Could Add Up:

Suppose an individual runs a red light and hits a member's car head on and as a result, he dies in a covered accident. The member leaves behind a spouse, twin daughters in child care and an older son in his first year of college.

His family could collect:

- + \$100,000 Lump Sum Accident Benefit
- + \$40,000 Safe Driver Benefit
- + \$15,000 Child Care Benefit for Child #1  
(\$2,500/year for 6 years)
- + \$15,000 Child Care Benefit for Child #2  
(\$2,500/year for 6 years)
- + \$20,000 Education Benefit for Child #3  
(\$5,000/year for 4 years)

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### **\$190,000 TOTAL ROA AD&D Benefit Paid Pays**

**Benefits for Other Specific Losses too:** If you lose some or all of your limbs, eyesight or hearing due to a covered accident, you can collect partial benefits. Your Certificate Schedule of Benefits will provide all the details.

### **BENEFICIARY**

You may select any person, persons, trust or other legal entity as your beneficiary. If, at the time of your death, there are no surviving beneficiaries, benefits will be paid to the executor or administrator of your estate, or at the option of New York Life, to the surviving relatives in the following order of survival: spouse/domestic partner; children equally; parents equally; or brothers and sisters equally. The member is the beneficiary for spouse's/domestic partner's and children's coverage. If you wish to designate a different beneficiary, simply contact the Administrator at 1-800-247-7988 for a Beneficiary Form.

### **EFFECTIVE DATE**

Insurance for you and your eligible dependents will become effective on the date specified by New York Life Insurance Company provided the initial contribution is paid within 31 days of the day you are billed and you and your approved dependents are actively performing the normal activities of a person in good health of like age on that date. Dependent insurance will not take effect unless your insurance is in effect on a premium paying basis, and any person who is not performing his/her normal activities as required will not become insured until the date he/she is performing such activities, provided such date is within three months of the date insurance would have been effective and the person is still eligible. (Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by New York Life Insurance Company.)

### **BENEFITS FOR ACCIDENTS**

The ROA-endorsed AD&D Insurance pays benefits for the following occurrences [loss must happen within 180 days (365 days in WA and UT) of covered accident]:

<b>LOSS OF:</b>	<b>% OF FULL BENEFIT AMOUNT:</b>
Life	100%
Both hands, both feet, or sight of both eyes	100%
One hand or one foot and sight of one eye	100%
One hand or one foot or sight of one eye	50%
Speech or hearing (in both ears)	50%
Quadriplegia	100%

Loss means with regard to: a) hands and feet, complete severance at or above wrist or ankle joints; and b) sight, speech, or hearing, total and irrecoverable loss thereof.

(NOTE: This is only a sample of the covered losses. See Certificate of Insurance for all benefits and conditions on coverage.)

### **WHEN COVERAGE ENDS**

You may maintain your ROA-endorsed Accidental Death and Dismemberment Insurance coverage until age 80, as long as the Group Policy remains in force, you remain an ROA Member, and pay your premium on time. Coverage for your dependents terminates when your coverage ends, you stop paying premiums, or they are no longer eligible due to change in age, dependency, or marital status. For a dependent spouse, when he/she is no longer a lawful married spouse; for a dependent child, upon reaching age 26. A member's surviving spouse and children may continue coverage if it was in force at the time of the member's death, as described in the Certificate of Insurance.

### **EXCLUSIONS**

Benefits will not be paid for loss directly or indirectly caused by any of the following:

- An accident occurring before the Effective Date of the Group Policy.
- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. Exception: Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- An accident which occurs when you commit or attempt to commit a crime.

- Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer.
- Your or your insured dependent's intoxication. Intoxication means your or your insured dependent's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

## 30-DAY FREE LOOK

When you receive your Certificate of Insurance, read it carefully. If you're not completely satisfied with the terms of your new insurance policy, simply return your Certificate, without claim, within 30 days and your premium will be promptly refunded, and your insurance will then be invalidated.

## CERTIFICATE OF INSURANCE

When you become insured you will be sent a Certificate of Insurance summarizing your coverage. This Benefit Summary contains only a brief description of some of the Policy's principal provisions and features. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Reserve Officers Association Insurance Trust d/b/a Reserve Organization of America.

## HOW TO APPLY

### Consider Your Eligibility

Before you request for coverage, you must be a member in good standing of ROA. If you have any questions regarding membership, please contact ROA directly.

1. Select the premium for the amount of coverage desired under the Member Only or Family Coverage.
2. Mail completed Form to:  
ROA Group Insurance Program  
P.O. BOX 14536  
Des Moines, IA 50306

**DO NOT SEND MONEY NOW.  
YOU'LL BE BILLED LATER.**

## HOW TO FILE A CLAIM

To file a claim, write the Administrator for claim forms.  
Phone: 1-800-247-7988.

### This Group Accidental Death & Dismemberment Insurance is Underwritten by:



New York Life Insurance Company  
51 Madison Avenue  
New York, NY 10010  
under Group Policy No. G-31333-0  
on Policy Form GMR-FACE/G-31333-0

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### This Group Accidental Death & Dismemberment Insurance is Administered by:



Association Member Benefits Advisors, LLC (AMBA)  
P.O. Box 14536  
Des Moines, IA 50306

1-800-247-7988  
www.roainsure.com

AR Insurance License #100114462  
CA Insurance License #0196562  
In CA d/b/a Association Member Benefits & Insurance Agency

The Reserve Officers Association Insurance Trust d/b/a Reserve Organization of America incurs costs in connection with this sponsored policy. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. ROA may also may receive a fee for the license of its name and logo for use in connection with this policy.