



GROUP MEMBERSHIP COLLATERAL ASSIGNMENT OF DISABILITY INSURANCE BENEFITS FORM

Group Name: American Medical Association Group Insurance Trust Group Number: _____
Owner Certificate/
(Assignor) Name: _____ Policy Number: _____
(First) (M.I.) (Last)

Assignee Name *: _____
(First) (M.I.) (Last)

*** If the assignee is a corporation, include name of corporation, and a corporate officer name and title**

Assignee
Assignee Address: _____
(Street) (City) (State) (Zip)

Having the legal capacity to execute this form, having no other existing assignment of my rights or benefit under the policy referenced above, and having no proceedings in insolvency or bankruptcy instituted by or against me:

I assign to the Assignee, its successor and assigns the policy referenced above as collateral security. The Assignee will have the sole right to receive benefits under the policy referenced above, if and when they become payable, as long as this assignment is in effect. The assignment is subject to the terms and conditions of the Group Policy, and to any debt owed against the policy referenced above to New York Life Insurance Company (NYLIC).

Upon receipt of a written statement indicating the outstanding amount of the Assignor's indebtedness, I authorize NYLIC to pay the Assignee the amount needed to satisfy the Assignor's debt up to the total amount of coverage. The balance, if any, will be paid to me.

I understand that NYLIC shall have no responsibility to notify the Assignee of the termination of the Insured's insurance under the Group Policy. I authorize New York Life to recognize the Assignee's claims to rights under this assignment without investigating the reason for any action taken by the Assignee, or the validity or the amount of debt secured by this assignment. I further authorize NYLIC to provide information regarding policy status to the Assignee.

When NYLIC records this change, it will take effect as of the date this notice was signed, subject to any payment made or other action taken by NYLIC before recording. A copy of this change will be sent to the Owner and Assignee after the change has been recorded. I understand that NYLIC may rely upon the information provided to it by the Assignee.

Signature Owner (Assignor) **Date**

I, the Assignor's spouse, consent to the above transaction.
(Required in Community Property States of AZ, CA, ID, LA, NV, NM, TX, WA & WI)

Signature of Spouse **Date**

RECORDED ON BEHALF OF NEW YORK LIFE, subject to the terms and conditions of the group policy.

By _____ Date _____

Please return this completed form to AMA Insurance 330 N Wabash Suite 39300, Chicago IL 60611. Assistance is available by calling 800 458-5736 between 8am and 5pm, Central Time.