



APPLICATION

Group Hospital Income Insurance

TO APPLY:

Send this completed form with your premium check payable to:

ASME GROUP INSURANCE PROGRAM

P.O. BOX 14533
Des Moines, IA 50306

QUESTIONS?

Call: 1-800-289-ASME(2763)
asme.service@getamba.com

Request for Group Insurance From:



NEW YORK LIFE INSURANCE COMPANY
51 Madison Avenue
New York, NY 10010

Please fill out the information below or make corrections to the full name and address if printed.

Applicants Information:

Name: _____

Add 1: _____

Add 2: _____

City, St, Zip _____

Date of Birth _____
(MM/DD/YYYY)

Sex M F

Phone Numbers:

Home _____

Work _____

Home E-Mail _____

Applicant is: Active ASME Member Retired ASME Member Member Number _____

Marital Status: Married Divorced Single Widow(ed) Domestic Partner Civil Union (Eligibility of Civil Union is determined by state law.)

Are you covered by any other Hospital Indemnity Insurance coverage? Yes No

Is your spouse covered by any other Hospital Indemnity Insurance coverage? Yes No

Payment Option – Choose Only One

OPTION 1: ELECTRONIC FUNDS TRANSFER (EFT): (If you select this Option be sure to include a check for your first months premium as well as a voided check as explained below.)

I request and authorize the ASME Group Insurance Program, Inc. to make monthly 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 ASME Group Hospital Income Insurance. (Enclose a VOIDED check.)

X _____
SIGNATURE(S) AS REQUIRED ON CHECKS ISSUED/WITHDRAWALS MADE AGAINST THIS ACCOUNT DATE

OPTION 2: QUARTERLY

OPTION 3: SEMI-ANNUAL BILLING

OPTION 4: ANNUAL BILLING

INSURANCE REQUESTED: (Please refer to the Brochure for eligibility, options and coverage description)

I HEREBY APPLY FOR THIS FOLLOWING COVERAGE(S): New Additional

NOTE: If you are increasing or altering present coverage in any way, do not indicate below just the additional amount of coverage. Instead, indicate the TOTAL AMOUNT of coverage you are requesting.

PLEASE SELECT THE DAILY CASH BENEFIT YOU WANT: \$100 \$200 \$300 \$400 \$500

PLEASE SELECT THE PERSON(S) YOU WISH TO COVER: Member Only Member & Child(ren)
 Member & Spouse/Domestic Partner
 Member, Spouse/Domestic Partner & Child(ren)

IF REQUESTING FAMILY COVERAGE PLEASE COMPLETE THE FOLLOWING FOR ALL ELIGIBLE DEPENDENTS (lawful spouse or domestic partner, unmarried dependent children under age 26) PROPOSED FOR INSURANCE:

Table with columns for Spouse/Domestic Partner, Child, DATE OF BIRTH (MO. DAY YR.), and SEX (M/F). Includes four rows for dependent information.

I request the group Insurance shown on the reverse side. To the best of my knowledge and belief, (a) I am eligible for such insurance; and (b) the statements I have made are true and complete.

I understand that: (a) insurance will become effective on the first day of the month following the date approved by New York Life if the initial premium contribution is paid and I, as defined in the eligibility section of the brochure, and my dependents, if proposed for coverage, are not confined, in a hospital or other medical institution. If I or my dependents are so confined, coverage will not become effective until the day I or my dependents are no longer so confined, and you or your dependents are still eligible for insurance.

By signing and dating this application, I request the insurance indicated; and I and my spouse/domestic partner (if proposed for insurance) attest to having read the Fraud Notices indicated on the following page, and that to the best of my/our knowledge and belief, the answers provided to the questions are true and complete.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

I HEREBY ATTEST THAT I AM PURCHASING THIS POLICY AS A SUPPLEMENT TO MY HEALTH COVERAGE, WHICH MEETS THE FEDERAL REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE.

Member's Signature X _____ Date _____
(Please sign and date in ink)

Spouse's/Domestic Partner's Signature X _____ Date _____
(Necessary only if spouse coverage is requested)

FRAUD NOTICE – 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.

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.

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 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 NY: 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.

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ASME Group Hospital Income Insurance



Underwritten by New York Life Insurance Company

- Pays cash directly to you
- Guaranteed acceptance if eligible
- Specially negotiated rates

Here's How it Works

The ASME-sponsored Hospital Income Insurance lets you select a daily benefit amount of \$100, \$200, \$300, \$400 or \$500 for each day of a covered hospitalization. You will receive these benefit checks directly (unless you specify otherwise). You can collect as much as \$365,000 per year in cash benefits.

This insurance can provide excellent supplemental protection when combined with your basic health insurance coverage. It can provide you with extra pocket money that you can use toward any expenses you want. You can even place it in your savings for when you might need it in the future. Or, use it to help pay your hospital, physician or therapy costs ... the choice is completely up to you!

When Benefits Begin

Your benefits begin on the first day of a covered confinement in a hospital or skilled nursing facility and last up to 365 days maximum for a single confinement. This maximum is reduced for confinements due to chemical dependency, home convalescence and mental disorders, as stated in **Exclusions & Limitations**.

Note: Successive periods of covered stays must be separated by 180 days or more during which the covered person is not confined in a hospital or skilled nursing facility as a result of the same or related injury or sickness. Covered stays separated by less than 180 days as a result of such injury or sickness are considered a continuation of the previous covered stay for the purposes of determining any maximums as stated on the Schedule page.

Who is Eligible

As long as you are an active ASME member, under age 80, residing in the U.S. you are eligible to apply for this coverage, and not insured under any other Hospital Indemnity group policy. Your lawful spouse or domestic partner under age 80, and your unmarried dependent children under age 26 are also eligible.

Note: If both parents are insured as members, only one parent may request coverage for eligible dependents. The insured spouse and insured child(ren) amount cannot exceed the insured member's Daily Benefit amount.

Effective Date of Coverage

Approved coverage will take effect on the first day of the month following date approved by New York Life provided your premium is paid within 31 days of the due date and provided you and your dependents, if proposed for coverage, are not confined, in a hospital or other medical institution. If you or your dependents are so confined, coverage will not become effective on the day after you or your dependents are no longer so confined, and you and your dependents are still eligible for insurance. 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.

Exclusions & Limitations

Benefits are provided only for confinements which begin while you are insured and which are recommended by a doctor as necessary to treat an illness or accident. Benefits are not provided for confinements resulting from: war; or pre-existing conditions (except as described below), or stays in a residential treatment facility for any reason other than chemical dependency. The benefit period is reduced for certain conditions, as previously stated.

Pre-Existing Conditions

A pre-existing condition is any injury, pregnancy or sickness for which a person consulted a doctor, received any medical services or supplies or took any medication during the 12 months (6 months for residents of Montana) immediately before becoming covered under this policy.

Benefits will not be payable for any confinement due to a re-existing condition until the earlier of: 12 consecutive months during which the covered person has not consulted a physician, taken medication, or received medical services or supplies, or: 24 months.

When Coverage Ends

Your coverage will remain in force as long as you remain an active ASME member, you pay your premiums when due, you don't request to end your coverage and the group policy is not terminated or modified so you are no longer eligible. There is no termination age with this policy. Insured spouse coverage ends when they cease to be a lawful spouse or when they become an insured member. Insured dependents can retain their coverage as long as they meet the dependent status requirements and you remain insured. The Group Policy may be terminated by ASME or by New York Life Insurance Company. Coverage for your dependent children will end when they reach age 26.

How to Figure Your Premium

The premium charts below show the monthly cost for each of the Daily Benefit options. Select your Daily Benefit amount and desired coverage level to determine your monthly premium.

Premiums are payable Monthly by Automatic Check Withdrawal. Premiums are also payable Quarterly, Semiannually or Annually by direct billing. Semiannual-rates are 6x (Annual rates 12x) the Monthly rates shown below.

Be sure to check the daily benefit you want on your application.

Premiums are based on member's age at issue and increase on attainment of each new age class. Premium rates may be changed by New York Life on any premium due date, but not more than once in any 12-month period, and on any date which benefits are changed.

However, your rates may change only if they are changed for all others in the same class of insureds under the Group Policy. For example, a class is a group of people with the same issue age and gender.

Current 2024 Monthly Premium Rates

Daily Benefit	Age	Member Only Premium	Member & Child(ren) Premium	Member & Spouse/Domestic Partner Premium	Member, Spouse/Domestic Partner & Child(ren) Premium
\$100/Day	< 35	\$7.20	\$16.06	\$19.01	\$27.87
	35-39	8.90	17.94	22.00	31.04
	40-44	8.96	17.85	22.17	31.06
	45-49	9.22	18.24	22.60	31.62
	50-54	12.76	21.14	26.88	35.26
	55-59	14.27	23.63	30.05	39.41
	60-64	17.89	26.51	33.65	42.28
	65-69	17.89	26.51	33.65	42.28
	70-74	24.31	33.98	46.02	55.69
	75-79	30.33	40.81	57.85	68.32
80+	34.51	45.75	65.80	77.04	
\$200/Day	< 35	\$14.40	\$32.12	\$38.02	\$55.74
	35-39	17.80	35.88	44.00	62.08
	40-44	17.92	35.70	44.34	62.12
	45-49	18.44	36.48	45.20	63.24
	50-54	25.52	42.28	53.76	70.52
	55-59	28.54	47.26	60.10	78.82
	60-64	35.78	53.02	67.30	84.56
	65-69	35.78	53.02	67.30	84.56
	70-74	48.62	67.96	92.04	111.38
	75-79	60.66	81.62	115.70	136.64
80+	69.02	91.50	131.60	154.08	
\$300/Day	< 35	\$21.60	\$48.18	\$57.03	\$83.61
	35-39	26.70	53.82	66.00	93.12
	40-44	26.88	53.55	66.51	93.18
	45-49	27.66	54.72	67.80	94.86
	50-54	38.28	63.42	80.64	105.78
	55-59	42.81	70.89	90.15	118.23
	60-64	53.67	79.53	100.95	126.84
	65-69	53.67	79.53	100.95	126.84
	70-74	72.93	101.94	138.06	167.07
	75-79	90.99	122.43	173.55	204.96
80+	103.53	137.25	197.40	231.12	

Current 2024 Monthly Premium Rates

Daily Benefit	Age	Member Only Premium	Member & Child(ren) Premium	Member & Spouse/Domestic Partner Premium	Member, Spouse/Domestic Partner & Child(ren) Premium
\$400/Day	< 35	\$28.80	\$64.24	\$76.04	\$111.48
	35-39	35.60	71.76	88.00	124.16
	40-44	35.84	71.40	88.68	124.24
	45-49	36.88	72.96	90.40	126.48
	50-54	51.04	84.56	107.52	141.04
	55-59	57.08	94.52	120.20	157.64
	60-64	71.56	106.04	134.60	169.12
	65-69	71.56	106.04	134.60	169.12
	70-74	97.24	135.92	184.08	222.76
	75-79	121.32	163.24	231.40	273.28
80+	138.04	183.00	263.20	308.16	
\$500/Day	< 35	\$36.00	\$80.30	\$95.05	\$139.35
	35-39	44.50	89.70	110.00	155.20
	40-44	44.80	89.25	110.85	155.30
	45-49	46.10	91.20	113.00	158.10
	50-54	63.80	105.70	134.40	176.30
	55-59	71.35	118.15	150.25	197.05
	60-64	89.45	132.55	168.25	211.40
	65-69	89.45	132.55	168.25	211.40
	70-74	121.55	169.90	230.10	278.45
	75-79	151.65	204.05	289.25	341.60
80+	172.55	228.75	329.00	385.20	

	Additional Benefits
Ambulance Benefit	\$50; limited to two benefits in a CALENDAR YEAR
Cancer Confinement	An additional 100% of the Daily Benefit for a COVERED PERSON under AGE 65
Common Accident Confinement INSURED MEMBER and INSURED SPOUSE	An additional 100% of the Daily Benefit
Home Convalescent Benefit INSURED MEMBER and INSURED SPOUSE	50% of the Daily Benefit
Intensive Care Unit Confinement Less than AGE 65 AGE 65 and over	An additional 100% of the Daily Benefit An additional 50% of the Daily Benefit
Intermediate Intensive Care Unit Confinement	An additional 50% of the Daily Benefit
Observation Care Benefit	Equal to one Daily Benefit
Outpatient Emergency Accident Benefit	100% of the Daily Benefit for a COVERED PERSON under AGE 65
Outpatient Surgery Benefit	100% of the Daily Benefit; limited to three benefits in a CALENDAR YEAR
Residential Treatment Facility Benefit for CHEMICAL DEPENDENCY	50% of the Daily Benefit
Skilled Nursing Facility Benefit	50% of the Daily Benefit for a COVERED PERSON under AGE 65

NOTE: In no event will New York Life pay more than 200% of the Daily Benefit Amount per COVERED PERSON for any one day of confinement.

Maximums

Covered Stay: 365 days for each COVERED STAY, except as follows:

Chemical Dependency In a HOSPITAL In a RESIDENTIAL TREATMENT FACILITY	30 days for each COVERED STAY 100 days for each COVERED STAY
Home Convalescent Benefit	The lesser of: (a) the number of days of the QUALIFYING HOSPITAL CONFINEMENT; or (b) 30 days in a CALENDAR YEAR
Skilled Nursing Facility Benefit	100 days for each COVERED STAY

30 Day Free Look

You will have 30 days to look over your Certificate of insurance. If for any reason you are not 100% satisfied you may return your Certificate, without claim, within 30 days of your effective date and you will be provided a full and complete refund of any premiums paid. Your coverage will then be invalidated.

The ASME insurance trust incurs costs in connection with this policy. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. ASME also receives a fee for the license of its name and logo for use in connection with this policy.

How to Apply

1. You will find an application included with this brochure.
Be sure to complete all the information requested – failure to do so could result in a delay in processing your application.
2. Return your completed application along with your first premium check made payable to ASME Group Insurance Program and mail to the Administrator.

Administered by:



Association Member Benefits Advisors, LLC (AMBA)
ASME Group Insurance Program
P.O. Box 14533
Des Moines, IA 50306

1-800-289-ASME (2763)
www.asmeinsurance.com
Email: ASME.service@getamba.com

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

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New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
under Group Policy No. G-30990-0
on Policy Form GMR-FACE/G-30990-0

Note: This brochure provides a general description of the Insurance Policy offered and is not a contract. Complete terms of this Insurance coverage are detailed in New York Life Group Policy G-30990-0 issued to the American Society of Mechanical Engineers. Insured Members are provided with a Certificate of Insurance, which summarizes their coverage.