

# CFBTA GROUP LIFE & LTD ACCEPTANCE FORM

Member Information			
Member Name		Membership Type (NYMEX /COMEX/NYBOT)	
Street Address		Social Security #	
City, State, Zip Code		Date of Birth	
Home Phone	Work Phone	Cell Phone	E-mail

**Coverage being Applied For**

### GROUP LIFE INSURANCE & AD&D

I elect to maintain my Life Insurance and AD &D coverage with Prudential

Please select Benefit Level

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> \$300,000                              | Premium : \$ 297.00 semi-annual |
| <input type="checkbox"/> \$75,000 (Member over 70 years of age) | Premium :\$74.28 semi annual    |

### GROUP LONG TERM DISABILITY INSURANCE

I elect to maintain my Long Term Disability coverage with Prudential

Please select Benefit Level

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> \$5,000 Monthly Benefit | Premium : \$397.50 |
| <input type="checkbox"/> \$7,500 Monthly Benefit | Premium : \$596.25 |

**I understand with this Acceptance Form I must remit a check payable to the order of the CFBTA for the semi -annual premium (as set forth above) for the Group insurance(s) selected by me. I also understand that the Acceptance Form and the check for the full amount of each premium must be received no later than the due date to be insured. I also understand that I must be a current CFBTA dues member. The plan contract and other information will be available to you on cfbta.org. For any other questions, call Warren Rosen's office at 212-949-9200. By paying this premium you are acknowledging you were**

**I hereby release and hold harmless the CFBTA and its affiliates and their respective directors, officers, employees, shareholders and employees from and against and all liability arising from or relating to the insurance obtained pursuant to this Acceptance Form.**

Signature	Date
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