

# APPLICATION

## Group Hospital Income Insurance

**IMPORTANT:** This is a fixed indemnity policy, NOT health insurance  
This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](http://naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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**Sponsored By: The American Society of Mechanical Engineers**



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

**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

### TO APPLY:

Send this completed form to:  
**ASME GROUP INSURANCE PROGRAM**  
P.O. BOX 14533  
Des Moines, IA 50306

### QUESTIONS?

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

**Request for Group Insurance From:**



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

Phone Numbers:

Home \_\_\_\_\_

Work \_\_\_\_\_

Home E-Mail \_\_\_\_\_



## 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:**

**DATE OF BIRTH:**  
MO. DAY YR.

**SEX:**

Spouse/Domestic Partner: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
Child: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
Child: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
Child: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F

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.

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.

# ASME Group Hospital Income Insurance



**Underwritten by New York Life Insurance Company**

## **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

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## **Looking for comprehensive health insurance?**

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## **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](http://naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

- **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!

## **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 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.*

## 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.

### 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.

## How to Apply

1. 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 to:

**ASME Group Insurance Program**  
P.O. Box 14533  
Des Moines, IA 50306

**Send no money now. You will be billed upon approval.**

## 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 2025 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 2025 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

Ambulance Benefit

Cancer Confinement

Common Accident Confinement  
INSURED MEMBER and INSURED SPOUSE

Home Convalescent Benefit  
INSURED MEMBER and INSURED SPOUSE

Intensive Care Unit Confinement  
Less than AGE 65  
AGE 65 and over

Intermediate Intensive Care Unit Confinement

Observation Care Benefit

Outpatient Emergency Accident Benefit

Outpatient Surgery Benefit

Residential Treatment Facility Benefit  
for CHEMICAL DEPENDENCY

Skilled Nursing Facility Benefit

### Additional Benefits

\$50; limited to two benefits in a CALENDAR YEAR

An additional 100% of the Daily Benefit for a  
COVERED PERSON under AGE 65

An additional 100% of the Daily Benefit

50% of the Daily Benefit

An additional 100% of the Daily Benefit

An additional 50% of the Daily Benefit

An additional 50% of the Daily Benefit

Equal to one Daily Benefit

100% of the Daily Benefit for a COVERED PERSON  
under AGE 65

100% of the Daily Benefit; limited to three benefits  
in a CALENDAR YEAR

50% of the Daily 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

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**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](http://www.asmeinsurance.com)  
Email: [ASME.service@getamba.com](mailto: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

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**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.

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.