NYSBG
New York State Business Group Inc®
Administered by: Conference Associates, Inc.

Membership Application

The New York State Business Group, Inc. - *Since 1974*
180 East Main Street, Suite 205, Patchogue, NY 11772
(631) 654-0600 ◆ www.NYSBG.com

This membership application contains enrollment information for (check all that apply):

❑ **Employer Membership - $7 per month** (Includes NYSBG benefits and $10,000 of Life and AD&D)

❑ **Employee Membership - $5 per month** (Includes NYSBG benefits and $10,000 of Life and AD&D)

$10,000 Life with AD&D Policy is offered through The Standard Life Insurance Company of NY

❑ **Employer Membership** (*or Designated 'Primary Member) $7 Membership*

First: _____ Middle: _____ Last: _____

Date of Birth: _____ _____ _____ SS #: _____ Number of Dependents: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Zip+4: _____

Company Phone: _____,_____ _____ Company Fax: _____

Company E-mail: _____ Personal E-mail: _____

Federal Tax I.D. #: _____ Primary Industry: _____

Employer (*or designated 'Primary Member'*) **Dependent Information**:

Dep. Name: _____ DOB: ____ ____ ____ Relation: _____ SS#: _____

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Dep. Name: _____ DOB: ____ ____ ____ Relation: _____ SS#: _____

Dep. Name: _____ DOB: ____ ____ ____ Relation: _____ SS#: _____

Beneficiary Designation (for the Life Insurance benefit: $10,000 Life and AD&D if you are under age 65):

Name: _____ DOB: ____ ____ ____ SS#: _____

Beneficiary Phone: _____,_____ _____ Beneficiary E-mail: _____

Beneficiary Address: _____

City: _____ State: _____ Zip: _____ Zip+4: _____

Signature: _____

This page may be copied as needed to accommodate additional Employee enrollments

Total Number of Enrolling Employees: _____ Application # _____ of _____

❑ **Employee Membership** *Includes $10,000 Life and AD&D plan. $5/month*

First: _____ Middle: _____ Last: _____

Date of Birth: _____ _____ _____ SS #: _____ Number of Dependents: _____

COMPANY INFORMATION IF DIFFERENT FROM EMPLOYER COMPANY OR APPLYING INDEPENDENTLY OF EMPLOYER

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Zip+4: _____

Company Phone: _____ _____ _____ Company Fax: _____

Company E-mail: _____ Personal E-mail: _____

Federal Tax I.D. #: _____ Primary Industry: _____

Employee Dependent Information:

Dep. Name: _____ DOB: ____ ____ ____ Relation: _____ SS#: _____

Dep. Name: _____ DOB: ____ ____ ____ Relation: _____ SS#: _____

Dep. Name: _____ DOB: ____ ____ ____ Relation: _____ SS#: _____

Dep. Name: _____ DOB: ____ ____ ____ Relation: _____ SS#: _____

Beneficiary Designation (for the Life Insurance Benefit: The Standard $10,000 Life and AD&D if you are under age 65.)

Name: _____ DOB: ____ ____ ____ SS#: _____

Beneficiary Phone: _____ _____ _____ Beneficiary E-mail: _____

Beneficiary Address: _____

Signature: _____

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Submission Guidance

-NYSBG Dues are $7/month for an entire company.

-The owner (or designated Primary Member) recieves a $10,000 Life and AD&D policy through The Standard Life Insurance Company of NY (must be under age 65 at time of enrollment), included in the monthly dues.

-The owner, company employees, and their households, gain access to all of the NYSBG discount programs at no additional charge.

-The $10,000 Life and AD&D policy can be offered to additional employees for just $5/month.

-Members who purchase the $10,000 Life and AD&D Policy are eligible to upgrade coverage by up to $150,000, guaranteed issue. An additional form is required to apply for this enhanced benefit.

Please check all applicable membership levels and calculate annual dues accordingly.

If your dues will be billed monthly or quarterly in conjunction with an NYSBG insurance plan, please check the last box below and indicate the plan type.

❑	__1__ Employer Membership	x	$7 (per month)	=	$_____
❑	_____ Employee Membership(s)	x	$5 (per month)	=	$_____
				Total Due:	$_____

You may submit payments for membership on one check <u>payable to the New York State Business Group, Inc.</u>

❑ **<u>My Membership Dues will be billed monthly along with my health, dental (or other) insurance plan:</u>**

Plan Type/Name: _____

Return application materials and any dues submission via mail to:

NYSBG
180 East Main Street
Suite 205
Patchogue, NY 11772