



Advertising Style Guide

New York Life Insurance Company

Group Membership Association Division

ADVERTISING STYLE GUIDE

DDECEMBER 2024

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Riders

<u>Rider No.</u>	<u>Effective Date of Rider</u>	<u>Description</u>
1	4/1/12	Change in NYL Rating Reference (pages 4 – 5)
2	6/1/12	Clarification of CAN-SPAM Act (pages 23 – 24)
3	4/1/13	Change in NYL Rating Reference (page 4 -5) Addition of Appendix H – Designated Sender Agreement and reference to agreement on page 23
4	9/1/15	Replacement Style Guide
5	6/1/19	Replacement Style Guide

INTRODUCTION

Marketing Material must be reviewed by New York Life. The purpose of this Style Guide is to provide our brokers and administrators with a basic set of rules in drafting marketing materials before submitting them to GMAD, thus reducing our revisions and expediting the process.

Marketing materials include, but are not limited to: sales letters, bill stuffers/inserts, magazine or print ads, brochures, websites, poster boards, direct mail kits, (all components), upgrade offers, inquiry fulfillment kits, telemarketing scripts, voice recording scripts, applications, and all websites.

All materials should be sent to your account manager, who will conduct the initial review before submitting to SMRU (Sales Material Review Unit). Reprint materials can be approved by the account manager if they were approved by SMRU within the last 24 months and there have been no changes.

Final drafts, encompassing all requested revisions, must be submitted for final approval before marketing material can be released for production.

SECTION 1: GENERAL RULES

General Rules

- Statements must be truthful and not misleading, in fact or by implication and comparisons must be complete and fair.
- Must disclose that insurance is the subject matter of the piece.
- Testimonials must be current (within 24 months), on file and readily accessible with the TPA in the event of an Insurance Department audit. A copy needs to be included when the pieces are submitted to NYL for approval.
- The source of any statistics must be identified by publishing entity, publication dates (including year), and must be reasonably current (within two years). Please provide copy when submitting project for review.
- No disparagement of other insurers or products.
- No strongly worded scare tactics.
- Ad must match contract details.
- Avoid statements of absolute value (e.g., say ‘among the best’ – not ‘the best’).
- Include Arkansas/California Insurance License Numbers
- Include “Group” (unless the insurance is individual or franchise)
- Include unique ID # (can use assigned SMRU #)
- Text should be 10-point font, footnotes 8-point
- Include Policy Form Number GMR

New York Life Logo

- New York Life logo must be of the same size (or larger) and have equal prominence as the association logo. Blue logos should be in PMS 300. Contact your Account Manager for the latest rules regarding logo usage.
- Avoid printing the logo on a patterned background or photo
- E-formats of the logo are available from your Account Manager
- Except for applications, any time our logo is used, it must be accompanied by the trademark language:
“NEW YORK LIFE and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company”

If the logo is used multiple times in a piece, this disclosure is needed only once.

Underwriting Company

The full name (New York Life Insurance Company) must appear on the front cover of the brochure. In a prominent location on the brochure you need to indicate:

Underwritten by: New York Life Insurance Company, 51 Madison Avenue, NY, NY 10010
On Policy Form: GMR-FACE/G-XXXXX (Check policy for actual code)

Rating Reference

Rating references can be used. The following are approved statements as of **10/4/2024** (variable maybe submitted for approval).

- c0 Rated A++ for financial strength by A.M. Best Company as of (insert latest review date).
- d0 New York Life Insurance Company, founded in 1845 and a recognized leader in the group insurance field, is one of the largest and most respected life insurance companies in the nation. New York Life has the highest financial strength ratings currently awarded to any U.S. life insurer from all four of the major credit rating agencies: A.M. Best (A++), Fitch Ratings (AAA), Standard & Poor's (AA+) and Moody's Investors Service (Aaa). Source: Third Party Rating Reports (as of **10/4/24**).
- e0 New York Life has received the highest financial strength ratings currently awarded to any U.S. life insurer from all four of the major credit rating agencies: A.M. Best (A++), Fitch Ratings (AAA), Standard & Poor's (AA+) and Moody's Investors Service (Aaa). Source: Third Party Rating Reports (as of **10/4/24**).

Life Insurance Solicitations - Rating Reference:

Any reference to ranking by a rating organization must include all of the following:

- a) The name of the rating organization.
- b) The type of rating (e.g. financial strength, claims-paying ability, qualified solvency, etc.).
- c) The actual rating.
- d) The numerical ranking for the rating. If the rating is not the highest rating from the organization, the rating must be stated in comparison to the highest rating. (Example: An A+ rating from AM Best (or AA+ from Standard & Poor's) is its second-highest rating.) Please note: NYL currently has a AA+ rating from Standard & Poor's which is the second highest, we don't make reference to that since it's the highest rating currently awarded – the rating agency cannot give a rating higher than that received by the Government which currently has AA+).
- e) The rating is the most current, as of the date when submitting the piece for approval.

Mutual Insurance Company

If you wish to make reference to NYL being the largest mutual insurer in the U.S., you must cite the source for this information. The following is sample text (the source must be updated when appropriate):

New York Life is the Largest Mutual Insurer in the U.S.: Based on revenue as reported by “Fortune 500 ranked within Industries, Insurance: Life, Health (Mutual),” Fortune magazine, 6/5/23. For methodology, please see <https://fortune.com/franchise-list-page/fortune-500-methodology-2023/>

Broker/TPA Disclosure

The literature must indicate name of the TPA, their address and phone number (e.g., Administered by XYZ, In anywhere, (USA). (Where broker and TPA are the same entity you can say “Brokered and Administered by XYZ.)

If you are soliciting residents of Puerto Rico it should also indicate:

Residents of Puerto Rico:

Please send your completed application to:

Global Insurance Agency, Inc.
P.O. Box 9023919
San Juan, PR 00902-3919

For those entities wishing to do business in Canada but who are not licensed as a broker the sales literature should indicate that Company XYZ is only acting as a TPA with respect to Canadian residents. See Section 5 for additional requirements.

Royalties and Reimbursements

Some Associations are reimbursed for costs they incur in connection with the program. Some Associations receive royalties for the use of their name. Associations may receive both types of compensation. The disclosure will vary depending upon individual circumstances. The following is an approved statement where both forms of compensation are payable. Please contact your Account Manager for other options.

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

SECTION 2: LANGUAGE TO BE USED AND NOT USED

Language NOT to be used

- “Special” in relation to product features/benefits/rates. Use “Valuable” or “Quality”. Ok to use when describing “no cost” insurance offer.
- “Unique” (unless an offer truly is). Instead, use “innovative
- “Designed exclusively” in relation to product features, unless the product has features specific to the association (but can be used to say “designed to meet needs”). Use “Available exclusively”.
- “Limited time offer” can’t be used again for 1 year “New” can only be used for 1 year.
- “Reply by (date)” or “Limited time offer” if there is no deadline for offer. Use “Please reply now” or “Reply today for your earliest effective date”
- “Bonus”
- Free” or “Gift” in relation to insurance paid for by the association. Use “Complimentary” or “No cost”
- Statements of absolute value, e.g: best, most, highest. Potentially problematic words such as “comprehensive” when there are limitations.
- “Specialist” to describe TPA staff. Acceptable alternatives: Benefits Consultant, Representative, Insurance Professional (but NOT advisor). Exception: "Specialist" can be used if preceded by client name, as in "[XYZ Association] Insurance Specialist".
- “Just” or “only” should be avoided, especially when referring to cost. Use “starting at”.to you”. Must indicate who is paying the premiums. Associations that provide insurance with No Cost offers in NV & NY can’t be combined with additional insurance offer. (Some exceptions apply.)
- “Get”, “Buy” or “Secure” insurance. Use instead “Apply for” or “Request”.
- "Enroll", even for Guaranteed Issue Insurance.
- “Eligible for” use “Eligible to apply for”.
- “Extra” Benefits use “Additional” Benefits (“extra” indicated more than what is usual or expected) “Apply for benefits”. Use instead “Apply for coverage”
- “Respond immediately”. Use instead “Immediate attention”
“Plan” in most uses (See addendum at end of this section)
- “Satisfaction Guaranteed” or “Money-Back Guarantee”. Use our standard “30 Day Free Look” verbiage.
- “Low cost”, “affordable” “competitive” or any term that invites premium comparison. Acceptable alternatives: “Exclusively Priced”, “Specially negotiated rates", and "Member-only".
- Coverage is “offered by” or “issued by” the association, as this implies the association is self-insured. Say instead coverage is “sponsored by”, “endorsed by” or “offered through” the association.
- "Peace of Mind" or "Security of Mind" for Disability (allowed for Life Insurance only).

Language to be included

- “Group” must be in the policy title; e.g., “Group Term Life” (except for franchise/individual policies).
- Qualifiers such as “help”, “may” or “added” should be used whenever possible.
- In Life insurance is being offered to residents of NY, Reg 60 replacement information must be on the application.
- Statistics must have sources cited (not more than 2 years old). Primary source must be used, not websites or articles that refer to the source. Don’t use “Viewed on”, provide source date. O.K. to use general statement “Life insurance need of 5 to 9 times annual salary” without source.
- Insurance is “offered through”, “sponsored by” or “endorsed by” the association. Insurance is “underwritten/issued” by NYL.
- Add NYL's address
- Policy form number should be included.
- Any expense reimbursement to the association must be detailed in the literature with the following language: “(Association name) incurs costs in connection with providing oversight and administrative support for this sponsored insurance. To provide and maintain this valuable membership benefit (Association name) is reimbursed for these costs.”
- AD&D – be sure it indicates coverage is limited, i.e., accident.
- Gifts (usual limitations apply) can’t be a condition of applying for coverage.
- First to Die policies – don’t use “Joint” and indicate “pays on whoever dies first”
- If information states no medical exam required but there are medical questions, include reference to that fact, e.g. “Acceptance will be based on your answers to the health questions on the application” or “Just 3 health questions”
- “A group of people with the same age or gender” use when “class” is mentioned.
- “Subject to U.S. government regulations on restricted countries.”
Use when stating “This coverage is portable wherever you may go.”
- If discussing loans from whole life, a footnote is required.

USE OF “PLAN” IN MARKETING MATERIALS

- It is better to use “plan” as a verb in a non-product specific context. For example:
 - I can help you plan for any potential long-term care needs.
 - I can help you plan for your protection needs. (rather than let’s put together an insurance plan).
- “XXX Plan” or “XXX Insurance Plan” may be used if the product was filed with the states as such. “Plan” may also be used as part of a proper noun for the association’s insurance program or the marketing name for the product as instituted by the given group/association). In an instance where the name does not include the word “Insurance”, there must be a prominent narrative that the product being offered is an insurance product.
- In general, avoid the use of “plan(s)” to refer to options in a policy or to refer to a New York Life product. We want to avoid the perception that a policy or a product itself is a plan or a planning service. A policy/product is one part of an overall “plan”. However, we can use “plan” if this is supported by the policy. E.g, disability policies often include Career Plan, 5-year plan, etc
- Regardless of the context, the number of times you use the word “plan” or “planning” in a document impacts permissibility.
 - Try to avoid the use of the word on short one-pagers or prominently in the title/headline of any document.
 - On longer documents, try to limit the use of those words to no more than once per page as to avoid it becoming a “call to action” word. However, please keep in mind for longer documents – the overall # of usage will also matter.
 - Permissible alternatives to the word “plan” may include: coverage, insurance, program, strategy, proposal, solutions, design, or blueprint.
- Modifiers are an important differentiator:
 - Estate planning and retirement planning are okay to use in a product and concept listing.
 - Life insurance planning should be avoided as New York Life Insurance Company is not a Registered Investment Adviser offering planning services (and similar, vague terms like protecting plan/planning, foundational plan/planning, personal plan/planning or long- term plan/planning that may raise an expectation greater than just purchasing insurance)
 - Alternative suggestions to plan/planning include prepare/preparing or strategy

USE OF “PLAN” IN MARKETING MATERIALS (cont’d)

Examples

- Appropriate
 - Welcome to XTZ Association Group Term Life Insurance Plan (note “Plan” is capitalized)
 - Under this group plan...
 - Let us plan to meet and work together.
 - You should plan for your future.
 - Your plans are unique to you.
 - Your plan for the what-if’s.
 - Plan Administrator (a reference to the broker/administrator)

- Not appropriate:
 - It’s that easy to continue your \$10,000.00 benefit plan (recommend removing the word “plan” here).
 - This plan is underwritten by New York Life, a leading insurance provider who is rated..... (use policy instead)
 - New York Life helps you plan for your financial success.
 - Let New York Life assist with your planning.
 - New York Life has a disciplined planning process.

SECTION 3: INVITATIONS TO INQUIRE

Examples

Print Ads, Multiple Coverage Advertisements, Lead Generators, Internet sites, etc.

General Guidelines

The sole objective of an “invitation to inquire” is to create the desire to inquire further about the insurance and is limited to a brief description of the loss for which benefits are payable. Detailed descriptions and inclusion of a rate chart or application make the piece an invitation to contract (see Section 4 for additional requirements).

No rate chart or list of premiums may be used in an invitation to inquire.

Standard Disclaimers: Invitations to Inquire

Ads for NYL products must contain a disclaimer that indicates that, “Features, Costs, Eligibility, Renewability, Limitations, and Exclusions” are detailed in the group policy and in the brochure/application kit. It can be handled as a footnote or worked into the text.

An advertisement that lists products that are underwritten by multiple carriers must contain a disclaimer similar to the following: “For more information (including carrier, costs, exclusions, limitations and terms of coverage) [call write ...].

NYL Specific Information

- If an advertisement lists all of the products available to a given group/association that are underwritten by multiple carriers, we do not have to be identified as the underwriting company.
- If a list of available products is summarized or contains any details, NYL must be identified, as the underwriting company and a standard disclaimer must appear in the advertisement. Minimum disclosure would be NYL’s full name, city/state/zip, and “Policy Form GMR”.
- If the ad lists another carrier’s name as underwriter, NYL must be listed as underwriter for our products.

SECTION 4: INVITATIONS TO CONTRACT

Examples

Direct mail solicitation kits including brochures, some web sites, or any other material that includes rates and application.

General Guidelines

The objective of an “invitation to contract”, also known as a “fulfillment kit” (brochure and application), is to provide a detailed and balanced presentation of the benefits, limitations, exclusions, costs, and terms of coverage for the insurance. The text that describes limitations and exclusions cannot be obscured by placement under a positive headline. An invitation to contract provides a mechanism for the reader to enroll or apply for the insurance. Type size for applications must be at least 10-point with the exception of footnotes and instructional text.

The New York Replacement Important Notice must appear on Life Insurance applications (if NY residents are being solicited) and must be 12-point type and bold. Footnotes must be at least 8-point and need to be legible.

Solicitation Component Guidelines

An application may never be released without a fulfillment brochure, which must include the following sections:

- Eligibility
- When coverage becomes effective
- When coverage ends
- Exclusions and Limitations (BOE has expense limitations as well as regular limitations)
- 30-day free look
- Benefit details (include all negative details about the coverage)
- Rate Charts – including how rates change as you age or enter new age brackets
- Important notice, if the insurance being marketed is medically underwritten

Most Invitations to Contract consist of a cover letter, brochure and the most recently approved application, each of which has its own guidelines outlined here.

- **Letters**

If the letter is a physically separate piece from the brochure or information sheet, the letter must contain a sentence essentially the same as: “Please read the enclosed [brochure/fact sheet] for more information (including costs, exclusions, limitations and terms of coverage) on [any or all of these] policy[ies].” The exact placement is your call. It can be an added sentence to the letter or a footnote.

- “Sales” v. “Endorsement” Letters

Sales letters must be signed by a licensed representative or by the Association (when on the Assoc. letterhead) and his or her home state license should appear near the name. Endorsement letters do not have separate compliance requirements.

- Sales Letter

As a general rule, if the letter mentions anything about cost, no matter how small the mention, it should be considered a sales letter. If the letter goes into depth on the description of the benefits and/or an explanation of the benefit triggers it may be considered a sales letter. Depending upon content of the letter, disclosure of NYL as the underwriting carrier may be required.

- Endorsement Letter

As a general rule, an endorsed letter emphasizes the group affinity and does not describe how the coverage works.

- Applications

Applications are filed forms. Changes to the form must be within the variable (including intent of the variable). Applications are subject to change as mandated by state insurance departments. Please check with your Account Manager to be sure you have the correct form.

- Brochures

Brochures must contain an accurate reflection of the eligibility, effective date, benefit description, definitions, termination, and exclusions provisions of the policy as well as any limitations or conditions of coverage. The sections below are only examples of acceptable language. Text in each marketing piece will vary in accordance with the policy language.

Eligibility:

All eligibility requirements must be listed (usually age, US residency, and membership status) e.g., “All ABC members under age XX may request coverage for themselves, their lawful spouse under age YY and all unmarried dependent children, under age ZZ Coverage is available for U.S. residents (except- (insert any state restrictions) and territories) and Puerto Rico.”

Requirements for spouse and dependent children eligibility should be included where applicable and the details will vary by policy. Check the group policy. Spouse should be referred to as “lawful” spouse. If a domestic partner is eligible, include it in brochures.

Eligibility (cont'd):

A sentence describing any special eligibility provisions must be included where applicable (e.g., When both spouses are eligible members, each may apply as 'member'; however, coverage may not be duplicated by applying as dependents of the other.)

Need to include Full-Time Work requirements, if applicable (usually for Disability and Office Overhead) e.g., "must be actively performing the regular duties of your normal occupation for pay or profit on the basis of at least 20 hours per week at the place such duties are performed."

Effective Date of Coverage:

The correct effective date text must be included. Refer to group policy to determine if it is on date of approval, first day of the month after approval provided the person is actively performing the normal activities of a person in good health of like age [NC residents: a person of like age] on the date of approval.

Termination of Coverage

Termination conditions must be listed, for the member and, if applicable, for the spouse and dependent children. It should be written to indicate when coverage ends not "you can keep your coverage until...". Alternatively, you can use this text if the heading is a negative.

Exclusions & Limitations

All policy exclusions and limitations must be accurately listed. This includes any suicide limitation and variations on the limitation (e.g., Missouri – 12 months) general exclusions, impairment restrictions, and any pre-existing condition limitations.

30-Day Free Look:

Sample Language:

"If you're not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated, and you will be sent a full refund, no questions asked!"

It cannot be referred to as a "money back guarantee", or "satisfaction guaranteed", etc.

Rates and Benefit Amounts

- Maximum and minimum amounts with any limitations must be listed e.g., "You may select benefit options from \$10,000-\$250,000 in \$10,000 increments under age 60 and up to \$50,000 if you are 60-64."
- Cutbacks in amounts due to age must be listed. Note it if premiums remain the same.
- Rate chart header should state:

Current rates for year (e.g., 20XX). Annual (or Semiannual, quarterly, on Monthly)
Premium Rates (or Contributions) per Option (or thousand or exact offer).

- Rate charts should include any policy-specific disclaimers.
- There are times where due to system limitations the rate chart may not exactly reflect billed rates. In this case, add a disclaimer that rates have been rounded.
- When rates and or benefits are not guaranteed you should indicate that e.g., “The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance on any premium due date and any date on which benefits are changed. [However, your rate may change only if they are changed for an entire class of insureds. For example, a class is a group of people with the same issue age and tobacco use.]
*Benefits are subject to change by agreement between New York Life and the XYZ Trustee.”
*Bracketed text may be deleted if you are not soliciting Texas residents.
- For level term products indicate the guarantee period and what happens at the end of the guarantee period e.g., Premiums are guaranteed to remain level for the first 10 (20) years of coverage. Then if still eligible, you may reapply for 10 (20)-year level rates then in effect for a subsequent 10 (20) year term; rates for a subsequent term would be determined based on the insured person’s then current age, health and tobacco/nicotine use and guaranteed for 10 (20) years. If you or your spouse is not approved for a subsequent 10-year term of guaranteed rates, or does not apply for a subsequent 10 (20) year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.
- Indicate the basis for the rates. For example, are all rates based on members’ age or are spouse rates based on the spouse’s age? Are rates gender specific; are rates different based on medical underwriting? The following are samples of some of these scenarios:
- State that the cost of this life insurance is based upon the member and spouse’s gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. [Premium contributions will vary depending upon the options chosen.]*
*Texas only disclosure.
- If rates are gender based indicate that: Male rates apply to all coverage issued to Montana residents, regardless of a person’s sex.
- Billing fees, if any, must be disclosed as well as the way to avoid the fee.
- Rates shown should include the rate level the majority of applicants qualify for.

- Cannot say “affordable group rates” or similar terms that invite comparison.
 - If applicable, include: “Premiums increase as you enter a new age bracket”
 - “Discounts” can’t be used to describe preferred and select rates (for level term policies). OK to use “discounts” when describing non-smoker rates.
 - We can’t say “For no additional cost”. Use instead “for the same premium”.
 - For products with tiered rates (e.g. Level Term Life policies):
- Rates displayed should reflect what the majority of the group is expected to qualify for. Thus, we should not show only the policies’ lowest rate tier (Super Preferred or Preferred) if only a small percentage of very healthy applicants will be approved for such rates.
- Include “Only non-smokers meeting the highest underwriting standards will qualify for the [Super] Preferred rates shown. Other nonsmokers may qualify for the Select or Standard rates. (Note: Smokers may only qualify for “Standard” rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.”
- Under “Needs Calculators” indicate “You are the best judge of your needs.”
 - If premiums are paid by the association, be sure to indicate it.
 - If rates are “lowest rates” indicate “available to you”
 - If rates are expected to remain level, indicate “although not guaranteed...”.
 - If premium credits are available, indicate “Although not promised or guaranteed...” or “Available only if experience warrants...” We may not refer to these as "premium discounts".
 - Usage of the word upgrade: Upgrade(ing) can only be used if you are gaining or improving on what you already have for no additional cost to you. “You can upgrade additional coverage at an additional price” is NOT an upgrade (selling additional coverage and person has to pay more).
 - If displaying discounted rates, need to show non-discounted rates as well, and disclose the period for which the credit is guaranteed.

Important Notice: How New York Life Insurance Company Underwrites Your Request for (insert product name) Insurance

The Important Notice must be part of any Invitation to Contract that includes medical underwriting. It may be part of an application, part of the brochure or an insert and must be in 10-point type. It must be able to be retained by the applicant after sending in the application.

The Important Notice varies by product and what services are being used in the underwriting process (e.g., with or without MIB).

Sample Notices are included in the Appendix A. Please check with your Account Manager for the most current Notice.

Standard Disclaimers Required For Invitations to Contract

- **Certificate of Insurance**

This information is only a brief description of the principal provisions and features of the Policy. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to Trustee of the ABC Insurance.

When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the Policy.

- **Policy Form Number and Group Policy Number**

Both the Group Policy Number and Policy Form Number must appear in the brochure, typically after New York Life information

The group policy number is found on the bottom left corner of the face page of the group policy. It consists of a “G-” prefix and a numerical suffix (i.e., G-12345-0).

The Policy form number for all New York Life products is GMR.

Sample Wording:

Underwritten By New York Life Insurance Under Group Policy G-12345-0
On Policy Form GMR-FACE/G-12345-0

- **Underwriting Company**

The Underwriting Company must be listed on the brochure and the enrollment/application form (refer to “Branding Information”).

- **License Information**

When mailing Life Insurance material to Arkansas or California residents include the name and the license number of the licensed agent. AR does not require the license number on health material (DI, AD&D, HIP). See Page 22 for California License # size requirement.

- **Unique ID number** (See General Rules)

- **Identify product as “Group” insurance**

Defined Terms

Each type of insurance product has certain terms that when used, must be defined. The definitions used must match (or accurately summarize) the definition found in the group policy and certificate of insurance.

Product Features

Product Features may be summarized (including any terms or limitations) and should be included in the brochure when applicable:

- Beneficiary Designation
- Group Conversion Privilege: One alternative to describe this provision is: "This insurance provides conversion privileges under certain circumstances of involuntary termination, as described in the Certificate of Insurance."
- Accelerated Death Benefit: After the description of the feature the following disclosure should be included:
"Please note that receipt of Accelerated Death Benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult with the appropriate social services agency and seek the advice of a qualified tax advisor."

For Senior Life Insurance, the following text must be included:

This is a life insurance benefit that also gives you the option to accelerate some of the death benefit in the event that you are certified with a chronic illness or permanent critical condition as described in the certificate.

IMPORTANT: This coverage is not intended to be a federally tax-qualified long-term care insurance contract under Internal Revenue Code (IRC) Section 7702B. Therefore, the premiums payable do not qualify as long-term care insurance premiums and are not deductible from gross income for federal income tax purposes. A Chronic Illness or Permanent Critical Condition acceleration is subject to the federal per diem limits set forth in IRC Section 7702B. Under this acceleration, New York Life will not pay claimants more than the federal per diem limits. Assuming the amount you receive in the aggregate from all applicable policies does not exceed the federal per diem limits set forth in IRC Section 7702B, the benefits provided by the Chronic Illness or Permanent Critical condition acceleration are intended to be excludable from federal gross income under Section 101 (g) of the IRC.

Receipt of an accelerated death benefit may affect eligibility for Medicaid or other government benefits or entitlements and may have income tax consequences. Accelerating benefits before applying for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Clients can contact the appropriate social service agency (e.g., the Medicaid Unit of your local Department of Public Welfare or the Social Security Administration Office) for more information.

Optional Provisions if Present in Contract:

Waiver of Premium

If the waiver of premium provision is mentioned the limitations and defined terms must be mentioned: “If you become Totally Disabled before age 60, and the disability continues for more than 9 consecutive months, you won’t have to pay your premiums for as long as the disability lasts and benefits are payable. Total Disability means a disability that...”

Automatic Benefit Increase/Inflation Guard

If an automatic benefit increase is included summarize the feature including any limitations (e.g., not to exceed policy maximum, not totally disabled etc.) Indicate additional premium is charged.

Chronic Illness Rider

If the Life insurance includes this feature, the following text must be included:

This is a life insurance benefit that also gives you the option to accelerate some of the death benefit in the event that you are certified with a chronic illness as described in the certificate.

IMPORTANT: This rider is not intended to be a federally tax-qualified long-term care insurance contract under Internal Revenue Code (IRC) Section 7702B. Therefore, the premiums payable for this rider do not qualify as long-term care insurance premiums and are not deductible from gross income for federal income tax purposes. This rider, however, is subject to the federal per diem limits set forth in IRC Section 7702B. Under this rider, New York Life will not pay claimants more than the federal per diem limits. Assuming the amount you receive in the aggregate from all applicable policies does not exceed the federal per diem limits set forth in IRC Section 7702B, the benefits provided by the Chronic Illness Rider are intended to be excludable from federal gross income under Section 101 (g) of the IRC.

Receipt of an accelerated death benefit may affect eligibility for Medicaid or other government benefits or entitlements and may have income tax consequences. Accelerating benefits before applying for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Clients can contact the appropriate social service agency (e.g., the Medicaid Unit of your local Department of Public Welfare or the Social Security Administration Office) for more information.

SECTION 5: SPECIAL CONSIDERATIONS

Canada:

Brokers may conduct business in Canada provided they are licensed in the Province in which they are conducting business and they meet certain other requirements. Please contact your account manager for additional details. We do not permit the solicitation of Quebec residents.

Third Party Administrators who are not licensed brokers in Canada can assist NYL in NYL's solicitation of Canadian residents provided they do not receive commissions. Please contact your account manager for additional details.

When soliciting Canadian residents be sure to include information regarding sales tax for Manitoba and Ontario. The following is an acceptable notice:

IMPORTANT TAX INFORMATION FOR RESIDENTS OF MANITOBA AND ONTARIO, CANADA: Ontario and Manitoba have enacted laws requiring taxation of all group insurance purchased by individuals: 7% for Manitoba, 8% for Ontario. This tax will be added to the amount of any premium due (in U.S. dollars).

All applications to Canadian residents must include the following text:

[TPA name] does not act as a broker with respect to Canadian residents and acts solely as an Administrator on behalf of New York Life.

This can be included as a "Canadian Notice" in the fraud section of the application or insert.

State Specific Requirements

Arkansas

All life insurance advertising materials, including websites, and invitations to inquire must properly identify the licensed insurance producer and they must include the Arkansas Insurance Producer license number. The license number must be the same size type as used for the producer's name or telephone number but no smaller than 8-point type font. "Insurance" can be abbreviated to "ins."

Arizona

Sales material for Health products (HIP, Home Health Care and Critical Illness) cannot be used in AZ. National publications can be used such as ads, social media websites, and emails (if emails can be restricted from the state, do so) For material which includes Life and Health products, add the footnote "This material is not intended for use with residents of Arizona with respect to [Hospital Indemnity, Home Health Care, Critical Illness] Insurance." -list the insurance that is part of the sales material.

California

All advertising materials that are distributed in CA must include the producer's license number in the same size type as the smallest telephone number shown or 12 pt., whichever is greater. "Insurance" must be spelled out; the abbreviation "ins." is not allowable. NYL generally requires this even if distribution of advertising materials is not exclusive to CA residents.

See "Internet Advertising" for additional CA requirements when advertising on the web.

Delaware

See "Internet Advertising"

Kansas

Sales material cannot indicate that direct response techniques result in cost savings unless justification and satisfactory proof of such savings has been approved by the commissioner prior to use.

Special enrollment periods must be separated by at least 6 months from the previous enrollment period. Such enrollment periods must give at least 10 days but no more than 40 days for the applicant to respond.

Louisiana

See "Internet Advertising"

New Mexico

Solicitations for health coverages DI, OE, HIP, Critical Illness and AD&D , (including Life with AD&D), may not be sent to NM residents. National publications/ads, state sponsored associations, social media, websites and emails (if not possible to scrub list to remove NM residents) are not subject to this regulation, unless they specifically target residents of NM. The products may still be available in this state and a fulfillment kit can be requested by the prospect and mailed to them individually. For material which includes Life and Health products, add the footnote "This material is not intended for use with residents of New Mexico with respect to [Disability Income, AD&D, Hospital Indemnity, Critical Illness] Insurance." -list the insurance that is part of the sales material.

New York

See "Internet Advertising"

Oregon

Minimum initial amount of life insurance that can be offered is \$20,000.

Life insurance solicitations (paper and web) must comply with Oregon's self certification process. A unique identifier must appear on the bottom left hand corner of all materials. Applications cannot be a tear off from the brochure. References to New York Life's ratings must comply with the guidelines on page 5 of this guide. Contact your account manager for other potential requirements. If the requirements are not met, the material must be filed and approved before use.

See "Rating Reference" for Oregon's requirements when referring to NYL's ratings regarding financial strength.

Texas

- An advertisement may not give the appearance that obtaining insurance is the sole benefit of membership in the association nor may it imply that products are being solicited by an unlicensed entity such as the sponsoring organization.
- Only members of the association can apply for coverage and this needs to be clearly stated in any "invitation to contract".
- The full name of the insurer is required to be set out conspicuously in each of its advertisements. A shortened version of the entity's name "New York Life" may be used if shown in close conjunction with and immediately following the first occurrence of the entity's full name and differentiated by parentheses to indicate that it is to represent the entity thereafter in the advertisement. The department's preference is to insert "Underwritten by New York Life Insurance Company" on the cover of the brochure.
- An advertisement must explicitly disclose that it is "insurance" and it should indicate the type of product as classified by statute. For example, "Disability Insurance" should read "Disability Income Insurance", "Accidental Death and Dismemberment" should read "Accidental Death and Dismemberment Insurance", etc. The department had indicated that since Professional Overhead Expense coverage is a form of disability income insurance, the product description must accurately describe the coverage as such.
- All advertisements must include the time frame in which the person to whom the coverage is issued is permitted to return the policy. The "30 day free look" (or if applicable other time frame) text should be included.
- You must clearly disclose that rates can be changed only by class or by state. NYL Standard: "However, your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender".
- When a choice of benefit options is referred to in an advertisement (waiting periods, deductibles), the ad must clearly disclose that benefits provided depend upon the plan selected and that the premium will vary with the amount of benefits.

Texas (cont'd):

- All invitations to contract must identify the form number or numbers of the policy advertised, in addition to the form number for any riders advertised. The Texas policy forms are generally as follows: GMR-FACE G-XXXXX.
- All inflation-adjusted deductibles that are determined annually by the Internal Revenue Service must be updated on a timely basis.
- If the policy does not require premiums to be sent in with the application, a conspicuous disclosure needs to be added indicating “Send No Money Now”, in any sections containing information about premium remittance and effective date. Add the following sentence: “You will be billed later, once your application has been approved”.
- All premium rate tables must contain a current date. For coverages that may routinely change rates, the effective date of the rates must be prominently displayed above the rate table. For other coverages, such as life, for which rates may be in effect for longer periods of time, the department requires us to insert “Rates as of 20XX” over the rate tables to reflect that the rates are current. As an alternative approach, you can add “Call for rates in Texas.”
- All advertisements must prominently disclose that the coverage provided is group versus individual. The word “Group” must appear in the initial product name as well as in the product description.

SECTION 6: MISCELLANEOUS

“Benefits” vs. “Coverage”

The terms “coverage” and “benefits” have different meanings and cannot be used interchangeably in advertising. “Coverage” should be used when talking about the amount of insurance for which a person may apply, or the conditions under which a claim can be made. “Benefit(s)” should be used when talking about actual payment of claims subsequent to meeting the insurance trigger event.

Maximum Benefit Amounts

An advertisement that refers to a total benefit maximum limit payable under the policy in any headline, lead-in or caption must also in the same headline, lead-in or caption specify the applicable daily limits and other internal limits. An advertisement that states a total benefit limit must also state the periodic benefit payment, if any, and the length of time the periodic benefit would be payable to reach the total benefit limit. An advertisement that prominently displays a total benefit limit that would not, as a general rule, be payable under an average claim may be prohibited.

This rule does not apply to disability income insurance.

“No Cost” Coverage

Do not use the words “free” or “gift”. Coverage may be referred to as “no cost to you...” provided you specify who pays for the coverage (e.g., ABC Association bears the cost of the coverage). No cost offers cannot be combined with an offer to buy coverage in Nevada and New York (please contact your account manager for possible exceptions). No cost offers cannot be made to residents of OR and TX if the offer is conditioned on the individual joining the association. No cost offers can be made to residents of PA, VA, and WI only if they request the coverage. This can be done by asking the member to call or fax to activate the coverage.

Photos and Images

You must have a valid license to use and upload any third party file or image into your sales material and/or advertising. You are solely responsible for obtaining and clearing any and all such rights and for any infringement of a third party right, including any copyright or trademark right. New York Life Insurance Company or its affiliates will not be liable for any infringement of any third party right of any kind. You agree to indemnify New York Life Insurance Company and its affiliates for any loss, cost or expense incurred as a result of any third party infringement claim.

Scare Tactics and Disparaging Statements

Strongly worded scare tactics must be avoided and NYL does not allow disparagement of other insurance carriers, brokers, etc.

Statistics and Comparisons

A credible source of statistics must be used and identified by publishing entity, publication dates (including year). A credible source is considered to be:

- A primary source of data (no secondhand citations)
- The source must be no older than 2 years, unless it is something that is not published every 2 years (i.e., governmental census information), in which case the most recent year must be used.
- The legal notice/copyright must allow the use of mass distribution and citing of their information. On websites, this can be checked by reading the legal notice or privacy notice. Check to see if there is any mention that the site of information on the site cannot be used for statistics.
- The paraphrase or sentence being cited must be an accurate portrayal of the original source. Please be sure when removing the sentence/statistic from its original source, you are not changing or altering the meaning or affect from its original context.
- Comparisons of costs, benefits etc., with other plans must be current, on file, and readily accessible at any time for audit with the TPA.

Source data must be included when the material is submitted to NYL for review.

Tax Status

If benefits are presented as tax-free the following disclaimer must be included: "Please note that benefits received under this coverage may be taxable. You should consult a personal Tax Advisor for further information." You may refer to the coverage in the following manner: (e.g., Insurance coverage purchased with your own funds is generally not taxable under current tax regulations. You may wish to consult a personal Tax Advisor for further information.) You may also use a shorter disclosure: "Please consult a tax advisor for more information."

Testimonials

All testimonials must be current, on file, and readily accessible for audit with the TPA. The advertising regulation requires that testimonials must "represent the current opinion of the author". When a testimonial is used more than two years after it was originally given, confirmation must be obtained for use. A copy must be included when the material is submitted to NYL for review. The person giving the testimonial can't be compensated for their statement.

SECTION 7: INTERNET ADVERTISING

Web Advertising

Web advertising is subject to the same general rules as print media, however, several states have enacted advertising rules that are specific to web sites. In addition to meeting advertising guidelines, websites that collect and/or transmit any personal information need to meet strict security requirements. Please contact your account manager if you are considering an interactive website so that the required security review can be started as soon as possible. Please also remember that pdf's printed from the website should be in 10 point type (8 point for footnotes). The following are web site specific requirements:

Web Specific Advertising Requirements

California

Must include the following information:

- Name as it appears on CA Certificate of Authority.
- State of domicile and principal place of doing business.
- Certificate of Authority Number.

An alternate way of complying with this rule is to list the states where NYL is licensed to do business and its NAIC #.

- Must include the following Agent/Broker information and Name as approved by Insurance Commissioner
- Agent's State of domicile and principal place of business
- Agent's license number.

Delaware

- Insurers must disclose jurisdictions in which they are authorized to transact business
- Insurers must deny requests for information from residents of states in which they aren't licensed.

Louisiana

- Disclosure statement identifying any product features not available to LA residents

- Disclosure statement identifying agent's license status in LA.

New York:

Since NYL is domiciled in NY, this information must appear on all web advertising:

- New York Life Insurance Company is licensed/authorized to transact business in all of the 50 United States, the District of Columbia, Puerto Rico and Canada. However, not all group policies it underwrites are available in all jurisdictions. Please check the benefit details sections for current availability.
- New York Life Insurance Company's state of domicile is New York, and NAIC ID# is 66915.

Texas

In addition to the guideline found in the "State Specific Requirements" Texas mandates the following in web-based advertising.

- A website may not imply that the insurance product offerings are being solicited directly by an unlicensed entity, such as the sponsoring organization.
- Non-members of the association must be blocked from any application ("invitation to contract"). A disclaimer stating that only members can apply should be prominently displayed on rate charts, the home page, and any sections of the website that provide instructions on how to apply and download an application.
- The full name of the insurer is required to be set out conspicuously in each of its advertisements. A shortened version of the entity's name "New York Life" may be used if shown in close conjunction with and immediately following the first occurrence of the entity's full name and differentiated by parentheses to indicate that it is to represent the entity thereafter in the advertisement. The department's preference is to insert "Underwritten by New York Life Insurance Company" on the home page.
- All advertisements must include the time frame in which the person to whom the coverage is issued is permitted to return the policy. The "30 day free look" (or if applicable other time frame) can be hyperlinked to each product page, or simply added to each product page.
- All inflation-adjusted deductibles that are determined annually by the Internal Revenue Service must be updated on websites on a timely basis.

Web navigation should not allow applicant to bypass important plan descriptions (including any exclusions, limitations or state requirements). When applications and a premium contribution can be transmitted electronically the appropriate privacy notifications must be done in such a way that insures that the member has read the material. See Appendix B for an approved Notice.

SECTION 8: TELEMARKETING SCRIPTS AND OTHER MEDIA

Telemarketing Scripts

Tier 1 & 2 States

[Use of a Licensed Agent v. Customer Service Representative (CSR)]

There are two scenarios under which insurance can be sold via telemarketing. Tier 1 guidelines require a licensed agent to conduct the entire call/script. Tier 2 guidelines allow for an unlicensed telephone sales representative to start the call, qualify the lead and hand the call to a licensed agent to close the sale.

Tier 1

Currently the following states require a Tier 1 call/script: Florida, Maryland, Minnesota, Montana, Nevada and New York.

Tier 2 Guidelines

- All telemarketing scripts must be reviewed and approved by NYL Compliance prior to use.
- Script must advise the prospect of the intent to identify general interest and to transfer prospect to a licensed agent in event prospect is interested.
- Unlicensed caller will not address benefits or costs or product; a general description of the product is acceptable but will need to be reviewed by NYL under item 1 above.
- Unlicensed individual is not directly compensated for placing business or by the volume of premiums.

Note: Do not attempt outbound TM without a thorough knowledge of insurance advertising regulation, FTC Guidelines and use of Federal, state and NYL and other business specific “Do Not Call” lists. Consult the FTC website at www.ftc.gov for business specific topics.

Other Media

This section provides very general guidelines regarding marketing via media other than direct mail and is not a substitute for regulatory or legal advice.

Recorded After Hour Messages

If you wish to leave a voice message for after hour calls promoting products, please include “To learn more about features, costs, eligibility, renewability, limitations, exclusions and insurance carrier, visit (website).”

E-mail – CAN-SPAM Act of 2003

TPAs may request email addresses in advertising but should disclose the purpose to which they will be applied. Federal CAN-SPAM laws impose strict penalties on unsolicited commercial emails (UCE) whose primary purpose is the advertising of or promotion of a product or service that do not follow legal requirements including providing an opt-out mechanism.

Guidelines for opt-out-instructions:

- It can be an Unsubscribe Link or a return email to the disclosed sender that permits a recipient to opt-out of getting future emails. It can be placed at the bottom of the email.
- The return e-mail address or opt-out mechanism must be capable of receiving messages for at least 30 days after transmission of the original email.
- Senders must honor opt-outs within 10 business days of receipt.

Labeling

- Must include clear and conspicuous notice that the message is an advertisement or solicitation.
- There is no requirement to include any specific language, such as “This is an advertisement.”
- There is no requirement to use a label, such as “ADV” in the subject line.
- Senders can comply by using the words “advertisement,” “offer,” or “solicitation” in an e-mail.
- Senders can also use phrases such as, “This is a great offer for you.” or “You might be interested in this product.”
- All unsolicited commercial e-mail must include the sender’s name and address (street address or P.O. Box).
- Senders must not utilize deceptive subject lines. For example, the e-mail cannot have a “Happy Birthday” subject line if the e-mail is really an attempt to solicit business.

Associations are not restricted in contacting members via e-mail.

Note: New York Regulation includes e-mail under fax restrictions. Spam or unsolicited e-mailing is strictly prohibited.

Current rules allow one advertiser (i.e., broker) to act as the “sender” who would have the responsibility of complying with CAN-SPAM. This applies to when you are acting on NYL’s behalf or on behalf of more than one insurance carrier. A separate agreement should be entered into to accomplish this. Please see Appendix D for a sample Designated Sender Agreement and contact your account manager to execute this agreement. Otherwise, both the Association’s and NYL’s opt-outs are required.

For more information please go to the following website:

<https://privacylaw.proskauer.com/2008/06/articles/canspam/new-canspam-rule-gives-long-awaited-answers/>

Faxes

TPAs may request e-mail addresses in advertising but should disclose the purpose to which they will be applied. Associations are not restricted in contacting members via e-mail. Note: New York regulations include emails under their fax regulations. Those entities having a “business relationship” with a person may contact her/him. Spam or unsolicited “blast” faxing is strictly prohibited.

Note: New York Regulation allows faxing by express specific permission only.

Special Note for NY Direct Mail: The NY State Consumer Protection Board has developed a No-Mail List.

Voice Recording Messages (VRM)

Two methods are available for Voice Recorded Messages. Generally, the same standards for marketing copy are applied to VRM scripts as to TM scripts and the guidelines for Tier 1 and 2 agent transfer applies.

The first method uses an appropriately licensed agent to record the message, confirms and records the purchase. The sales message may be more detailed than a TM script depending on context.

The second method uses an unlicensed person to record the message and once a lead is generated, transfer the caller to a licensed agent. The licensed agent then uses a TM script to complete the sale.

DRTV

Most direct response television insurance advertisements are short in duration (30 – 120 seconds) whose goal is peak consumer’s interest in the product. Therefore, the general guidelines for “invitations to inquire” apply. Additionally, the following specific disclosures are required:

1. Name of company
2. Brief description of product. Generally, you may talk about benefits, but not cost.
3. End tag (the sentences that appear in the video portion at the end of the commercial) must contain:
 - Company name and address;
 - NAIC required disclosure; i.e., “This coverage has exclusions, limitations, reductions of benefits and terms under which the policy may be continued or discontinued. Call the company for details.”
 - A sentence that lets your viewer know that coverage may not be available in all states.
 - The Policy/Certificate Form Number.

Social Media

Guidelines regarding the use of social media were previously distributed and are attached to this document (Appendix G). As a reminder, all advertising rules apply to social media. Posts such as Twitter and Facebook which mention a specific product by name or include features/benefits would need to have all the necessary disclosure language such as the AR/CA license #s and carrier information such as NYL's address and policy form # one click away. If that can't be done, the specific product name shouldn't be used. Linked In doesn't have the space constraints that Twitter and Facebook do so all appropriate disclosure should be added to the Linked In site.

SECTION 9: ADVERTISING REVIEW PROCESS

Materials Reviewed

Marketing material must be reviewed by New York Life. Marketing materials include, but are not limited to: sales letters, bill stuffers/inserts, magazine or print ads, brochures, poster boards, direct mail kits (all components), upgrade offers, inquiry fulfillment kits, telemarketing scripts, voice recording scripts, applications, and all websites.

All materials should be sent to your account manager who will conduct the initial review before submitting to SMRU (Sales Material Review Unit). Reprint materials can be approved by account manager if they were approved by SMRU within the past 24 or 36 months and there have been no changes.

Final copy must be submitted for final approval before marketing material can be released for production. The final step is to submit 10 actual physical samples to your account manager.

Review Timing

Initial Review	10 full business days from receive date
Final Review (pdf file)	5 full business days – when the revisions are clearly noted or highlighted or 10 full business days – when the revisions are NOT noted or highlighted
Multi product Brochures Websites	30 full business days – (may be more or less depending upon the number of products, links and interactive features of the site).

Note: Exceptions to these timelines will be considered on a case-by-case basis.

Unique Identifier

Each component of a marketing kit sent for review must be hard printed with a unique identifying number. This ID number will have multiple uses – it is (or will be) tied to Insurance Department advertising filings, marketing invoicing, campaign result reporting and for other system-related tracking purposes.

You can use your own current tracking format. NYL's SMRU will assign a number. If you wish you can use this SMRU number as your ID number.

Expediting The Review Process

Noting some additional information will allow us to perform an expedited review. Noting whether the material is brand new or previously reviewed (with date and SMRU# where possible) along

with highlighting changes made since we last reviewed the material will allow us to complete your review more expeditiously.

Tips:

- If a website is referenced on a document (brochure, ad, etc) provide the SMRU# of the approved website.
- If a website includes/links to previously approved documents (brochures, etc) provide the SMRU# of the approved document/material

Review Standards and Sources

- Federal Unfair Trade Practices Law & Federal Trade Commission Act
- NAIC Model for Insurance Advertising (Life and Health Models – see copies in, Appendixes E and F.
- Policy Specifications

SMRU

SMRU has agreed to extend the approval period from 2 years to 3 years for materials that do not contain timely information.

SMRU will assess whether the contents of a communication warrant a shorter approval period.

Please see below for examples of material that will be approved for a shorter time frame.

- Material that references the current economy
- Material that includes financial information
- Material with annual tax rates, annual 401(k) limits, annual social security payouts, etc.

Premium Rates: If the piece indicates premium rates, please submit the material with the date and premium fields as templates (e.g., year XXXX, rates \$\$\$\$). SMRU will approve the template with the understanding that the most current rates will always be provided to consumers.

S _____ - SMRU will require advanced approval if it is regarding our products or a feel-good piece that involves life insurance, disability insurance, or any other product we underwrite, SMRU will want to review it first.

Please ensure that a video script is approved by SMRU first prior to a mp4 video submitted.

APPENDIX A – MEDICAL UNDERWRITING NOTICES

The following notices were designed to be used with NYL's – traditional applications. Please contact your account manager for variations of these notices that are to be used with applications that do not include full authorization text.

For all lines of coverage with MIB can delete NM and Canadian language (highlighted) if not soliciting in those jurisdictions

IMPORTANT NOTICE:

How New York Life Obtains Information and Underwrites Your Request For XYZ Insurance

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, LLC. ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing, however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, LLC, 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901. For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: PROTECTED PERSONS¹ have a right of access to certain CONFIDENTIAL ABUSE INFORMATION² we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.

¹ PROTECTED PERSON means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.

² CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

APPENDIX B

CONSENT FOR USE OF ELECTRONIC SIGNATURES AND RECORDS

Questions? Call-1-800-222-0000 – Email: ABC@XYZ.com

Please review all information provided on this form - E-signature will be required below

You are applying for insurance coverage using electronic processes that will include the use of electronic records and electronic signatures. New York Life is required by law to provide you with certain disclosures and information about your insurance application (“New York Life Online Privacy Policy”). Upon your consent, New York Life will deliver its online privacy policy to you electronically.

Please print or download “New York Life’s Online Privacy Policy” and keep it for your records. Your consent also permits the general use of electronic records and electronic signatures in connection with your application.

If you do not consent to electronic delivery of New York Life’s Online Privacy Policy, you must be provided with a paper/hardcopy version. However, New York Life cannot proceed with the acceptance and processing of your electronic application.

THIS NOTICE CONTAINS IMPORTANT INFORMATION THAT YOU ARE ENTITLED TO RECEIVE BEFORE YOU CONSENT TO ELECTRONIC DELIVERY

PLEASE READ CAREFULLY THIS NOTICE REGARDING USE OF YOUR CONSENT TO E-SIGNATURE AND RECORDS AND PRINT A COPY FOR YOUR FILES

By electronically signing this form you are consenting to the use of electronic transactions and electronic signatures on New York Life’s Web Site, as well as receipt of electronic versions of certain records. In addition you are agreeing to be bound by any consent or agreement you make or transmit through the internet on this Web site, including but not limited to any consent you give to receive records or communications from New York Life solely through electronic transmission.

You agree that, by using this site, your agreement or consent will be legally binding and enforceable and the legal equivalent of your handwritten signature. If you consent to electronic disclosures, that consent will apply to: (a) Any or all information that New York Life is required to give you or may receive from you in connection with your insurance; (b) this application and (c) any associated notices, disclosures, or other documents.

You may withdraw this consent at any time. By withdrawing your consent New York Life cannot continue to process your electronic application. You may re-apply by downloading a paper hardcopy version of the application.

**If you wish to withdraw your consent to e signatures or wish to receive have hardcopy/paper records or have New York Life’s Online Privacy Policy sent to you - please contact:
NEW YORK LIFE INSURANCE COMPANY 1-800-ABC-0000**

In order to electronically review and sign your application/ request for insurance as well as review the required Information, you will need the following computer hardware and software requirements.

- For you security this site is protected with 128-bit encryption. You must have a browser with this capacity to use this site.
- Best viewed with an 800x600 screen or larger.
- Internet Explorer 6.0
- Firefox 1.02
- Netscape 7.0 and above

STATEMENT OF CONSENT

I am able to view New York Life's Online Privacy Policy on-line, and I consent to the use of electronic records and electronic signatures in place of written documents and handwritten signatures.

In connection with my insurance application with New York Life Insurance Company I am consenting on behalf of all joint applicants identified in the application. I am authorized to consent on their behalf.

☐ **I CONSENT**

E SIGNATURE CONFIRMATION

NAME/ MEMBER ID #/PIN#

DATE (MM/DD/YYYY)

GPA-AC-IR-E

7/31/2007

APPENDIX C – RECOMMENDATIONS FOR TRANSITION LETTERS

Transition Letters

Transition letters inform a certificate holder of a change in status to his/her certificate, such as a change in Underwriting Company (carrier) or Plan Administrator. The letters may be for information only or may form part of marketing/upgrade offer. The letters should have a positive tone and avoid disparagement of any of the involved parties (agent broker, association or carrier).

Requirements

- Policy Text: “The provisions of the new Plan are essentially similar to your existing coverage, but will use New York Life’s policy language, provisions, definitions, and filed forms.”

If this statement does not apply to the policy in transition, the letter must outline the nature of the changes and refer the customer to the Certificate of Insurance for details (e.g., “The New York Life policy matches rates of the current coverage. However, to reduce the possibility of future rate increases, the maximum coverage period has been reduced from 3 years to 2 years. The coverage uses New York Life policy language, their provisions, definitions, filed language and forms.”)

If New York Life is duplicating the prior carrier's coverage, the letter should state that the insured's current rates and benefits "will not change solely as a result of this transfer". The letter **cannot** say that benefits and premiums "remain the same", since NYL has the right to change or discontinue coverage, as described in the policy.

In the case of rate increases the specific new rate may be listed but is not required (e.g., “The rates for the New York Life policy have increased from the rates of the current coverage. The coverage uses New York Life’s policy language, their provisions, definitions, filed language and forms.”)

If new benefit(s) are added in the transition they must be listed but need not be described. (e.g., “The New York Life policy matches rates of the current coverage and provides a new benefit, XYZ benefit, with no increase to the current rates. The coverage uses New York Life’s policy language, their provisions, definitions, filed language and forms.”)

- Certificate Enclosed/Will be Sent: In “takeover” situations, the letter must indicate whether a Certificate is enclosed or state a general time period in which it will be sent.
- Claims Information: “All claims incurred prior to <EFFECTIVE DATE> will remain the responsibility of <Former Carrier Name>. Claims incurred on or after <EFFECTIVE DATE> will be the responsibility of New York Life.” Generally, for disability coverage, claims that are the result of a disability that was incurred prior to effective date are the responsibility of the prior carrier. Must include the following sentence, preferably in bold **“Under no circumstances will benefits be paid by both carriers for the same loss.”**
- Policy Number. The current policy number must be referenced in the letters, in such a place that the client is able to retain a copy of the policy number for their records.

APPENDIX D – DESIGNATED SENDER AGREEMENT

Email Solicitations

Emails sent by an association to its members that advertise or promote the availability of New York Life products are subject to the requirements of the CAN-SPAM Act (the “Act”) and the CAN-SPAM Rule (the “Rule”).

In 2008, the Federal Trade Commission (“FTC”) amended the Rule to allow multiple marketers to designate a single “sender” for purposes of compliance with the Act. The designated sender, but not the other advertisers mentioned in the same email message, must honor opt-out requests made by recipients of the email and provide a valid postal address of the designated sender. In the absence of a designated sender agreement, the sender would be required to include opt-out instructions and postal addresses for itself and each of the other advertisers mentioned in the email. The sender would also be required to remove from its distribution list any email addresses that appear on its unsubscribe list and that of the other advertisers. The designated sender approach makes it more practicable to comply with the Act and the Rule. The following is an approved Designated Sender Agreement:

AGREEMENT

New York Life and [ASSOCIATION] hereby agree to the following terms and conditions in connection with [ASSOCIATION’S] advertisement or promotion of New York Life products in emails to members of the association.

- I. Compliance with Anti-spam Laws and Rules.
 - a. While this Letter Agreement is in force, when sending emails advertising or promoting the availability of New York Life products, [ASSOCIATION] will act in accordance with all applicable anti-spam laws, rules and regulations, including but not limited to the Controlling the Assault of Non-Solicited Pornography and Marketing Act of 2003 (15 U.S.C. 7701-7713) (“CAN-SPAM Act”) and the CAN-SPAM Rule (16 C.F.R. Part 316).
 - b. [ASSOCIATION]’s obligations hereunder include, but are not limited to, the following:
 - i. [ASSOCIATION] shall be the single designated “sender” as that term is defined and used in the CAN-SPAM Act and the CAN-SPAM Rule and will be identified as such in the “from” line of the e-mail message. [ASSOCIATION] will comply with all applicable provisions of the CAN-SPAM Act and CAN-SPAM Rule.
 - ii. [ASSOCIATION] shall include in all e-mails a valid return e-mail address or other Internet-based mechanism (e.g., a link to a web page) that permits a recipient to opt-out of receiving further e-mails from [ASSOCIATION]. Recipients shall not be required to pay a fee or provide any other information besides their e-mail address and opt-out preferences.
 - iii. The return e-mail address and/or opt-out mechanism provided by [ASSOCIATION] shall be capable of receiving messages for at least thirty (30) days after transmission of the original e-mail.

- iv. [ASSOCIATION] agrees to process opt-outs within ten (10) business days of receipt of the opt-out request per the CAN-SPAM Act and CAN-SPAM Rule.
- v. Upon receipt of a notice to stop transmitting e-mails to a specified e-mail address, [ASSOCIATION] shall not sell or otherwise transfer such address, except as necessary to comply with the CAN-SPAM Act or where the recipient has given his or her express consent.
- vi. [ASSOCIATION] shall include in all e-mails valid contact information for [ASSOCIATION], including a valid postal address.
- vii. [ASSOCIATION] shall include in all e-mails clear and conspicuous notice that the message is an advertisement or solicitation.
- viii. [ASSOCIATION] shall not obtain, through automated mechanisms (e.g., robots, spiders), e-mail addresses from websites or online services.
- ix. [ASSOCIATION] shall not use or obtain e-mail addresses using automated means that generate possible e-mail addresses by combining various permutations of names, letters or numbers.
- x. [ASSOCIATION] shall not send e-mails that contain, or are accompanied by, false or materially misleading header information. Header information must accurately identify [ASSOCIATION]'s address, the time at which the mail was sent, and the Internet location from which the message has been sent.
- xi. [ASSOCIATION] shall not send e-mails that contain, or are accompanied by, a deceptive subject line that would likely mislead a recipient about a material fact regarding the content or subject matter of the message.
- xii. [ASSOCIATION] shall not send e-mails that include an originating e-mail address, domain name or IP address obtained by false pretenses or representations.
- xiii. [ASSOCIATION] shall not send e-mails to any addresses that are on its Do-Not-E-Mail List.
- xiv. [ASSOCIATION] shall not send e-mails to an address with a domain that is on the FCC's Wireless Domain List.
- xv. [ASSOCIATION] shall maintain all records of direct e-mail solicitations, including, but not limited to copies of e-mails, dates sent, list of recipients, and proof of scrubbing so that Company may request proof of [ASSOCIATION]'s compliance with applicable anti-spam laws, rules and regulations. [ASSOCIATION]'s prompt reply to such a request shall not unreasonably be withheld.

- II. Indemnification by [ASSOCIATION]. [ASSOCIATION] shall indemnify, defend and hold New York Life harmless from and against all claims arising from or in any way relating to (i) any actual or alleged violation or inaccuracy of any representation or warranty of [ASSOCIATION] contained in Paragraph [I] above, (ii) any actual or alleged negligent act or omission or willful misconduct of [ASSOCIATION] or its directors, officers, employees, agents or assigns in connection with the entry into or performance of this Letter Agreement, or (iii) [ASSOCIATION]'s undertakings, as set forth in this Letter Agreement, that are an actual or alleged violation of any anti-spam laws and rules, including but not limited to the CAN-SPAM Act or CAN-SPAM Rule.

Signed and agreed to by:

Signature

Signature

Print Name

Print Name

Title

Title

Association

New York Life Insurance Company

Date

Date

APPENDIX E – NAIC MODEL FOR LIFE INSURANCE ADVERTISING

For the complete NAIC Advertisement of Life and Annuities Model Regulation, please visit **<https://content.naic.org/sites/default/files/inline-files/MDL-570.pdf>**.

APPENDIX F – NAIC MODEL FOR HEALTH INSURANCE ADVERTISING

For the complete NAIC Advertisement of Life and Annuities Model Regulation, please visit **<https://content.naic.org/sites/default/files/inline-files/MDL-570.pdf>**.

APPENDIX G - SOCIAL NETWORKING GUIDELINES AND REQUIREMENTS

Table of Contents

- I. Goals of Social Networking for Business Purposes
- II. Social Networking Activities That Are Prohibited
- III. Social Networking Activities That Require Pre-Approval
- IV. Social Networking Activities That Do Not Require Pre-Approval
 - a. Guidelines for Interactive Communications
- V. Social Marketing: High Level Strategies, Ideas and Tips
- VI. Tips to promote your social networking page

I. Goals of Social Networking for Business Purposes

Brokers, Third Party Administrators (“TPA’s”) and Associations contracted with New York Life Insurance Company (“New York Life”), must adhere to the following guidelines regarding the participation in social networks, when using the New York Life logo and/or any general discussions of New York Life products or services.

New York Life acknowledges the use of social networks by its brokers, TPA’s and Associations as a means to leverage or expand their existing networks to identify potential leads. New York Life expects that these social networks not be used to further the sales process of New York Life products and services past the stages of prospecting or lead generation, including but not limited to conducting sales or soliciting inquiries about an individual’s specific needs. Detailed discussions should be moved off line and into a one-on-one nonpublic forum. (For example, a discussion about cost or rates should be done only in a one-on-one communication, not in a communication that many can view.)

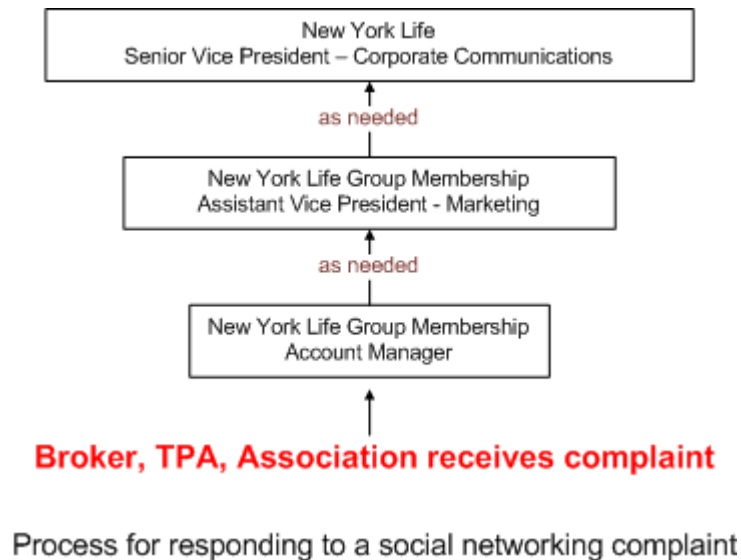
NOTE: In addition to complying with other carrier policies you must adhere to NYL policies & procedures applicable to static & interactive business related activity on social networks for NYL products & services, If NYL has a higher requirement, this is the standard that must be applied.

II. Social Networking Activities that are **PROHIBITED**:

- Communicating client-specific or confidential information (non public information).
- Making a prediction or projection on how a New York Life policy or product will perform.
- Making a specific New York Life product recommendation.
- Making any disparaging remarks about a government entity, policy or official (e.g., the IRS is out to get you) or about New York Life's competition, including its products, services, employees or agents.
- Offering any prohibited rebate or inducement associated with New York Life or any of its products or services.
- Responding to negative social media commentary about New York Life.
- Communicating your personal opinions or your approval or disapproval of third party opinions, as it relates to New York Life.

II. Social Networking Activities that are **PROHIBITED**: (cont.)

- Responding to a customer complaint. Any customer complaint that appears online must be forwarded to the assigned New York Life Group Membership Association account manager. You must not respond to the complaint directly.



III. Social Networking Activities that Require **PRE-APPROVAL**

Business information and communications that will be viewed by the public, that do not respond to specific communications by the public. This includes, but is not limited to:

- Discussing or referencing products or services underwritten by New York Life. (Insurance products and services can be mentioned in a generic way such as “we offer group rate term life insurance” without pre-approval by New York Life, however such communications cannot be written to position or reference New York Life without pre-approval.)
- Initial business communications referencing New York Life that are not responses or comments to others’ communications is considered static content that requires pre-approval. Examples of such initial communications would be Facebook wall posts or “status updates” and initial “tweets” on Twitter. Please note that all pre-approved static content must be used “as is”. Changes or revisions void the approval and will require resubmission. Subsequent comments to these posts are considered “Interactive Communications” and do not necessarily require pre-approval.
- Any business material citing statistics referencing New York Life. When submitting these types of items for pre-approval, reference the source and date of the statistic. Make sure that the information is current (e.g., it is taken from the most recent study) and ensure you have written permission of the source, if needed, or, if information is obtained from a website, ensure the site’s terms and conditions authorize the use of its content as intended.
- Third party material referencing New York Life, including the forwarding, re-posting of third party material, or of any links to such material. Before submitting a link for pre-approval, you will need to check the site’s terms of use to determine if linking is permitted and to which pages of the site one may link.

- When referring to New York Life's ratings for financial strength, be sure the ratings are stated correctly, provide the "as of [date]" and that you have explained that the basis for these ratings is New York Life's financial strength.
- Detailed business communications referencing New York Life, as they may rise to the level of advertising or may constitute a recommendation or solicitation.
- Descriptions of New York Life products and services, including product features, benefits, etc.
- Comparisons of financial products, whether they involve other companies' products, or only New York Life's.
- Any business material that does not comply with the guidelines below for interactive communications.
- Videos and video links containing reference to New York Life.
- **Use of the New York Life logo:** Use of the New York Life logo is permitted, pending pre-approval. All requirements for use apply as stated in the Broker, TPA or self administered Association service agreement.

IV. Social Networking Activities that **Do NOT Require Pre-Approval** ("Interactive Communications")

An "interactive communication" is one which responds to another communication, usually conducive to a real time "give and take" discussion between or among individuals.

As stated previously, social networks are not to be used to further the sales process of New York Life products and services, including but not limited to conducting sales or soliciting inquiries about an individual's specific needs. Brokers, TPA's and Associations should be utilizing social networks to leverage or expand their existing networks to identify potential leads. Detailed discussions should be moved offline and into a one-on-one nonpublic forum (e.g., product specific questions, cost, rates, etc.).

a. General Guidelines for Interactive Communications

- Keep the message simple. Use clear and understandable language.
- Short, easy-to-read sentences are usually the most effective.
- When describing your role as a Broker, TPA or Association you may indicate that insurance products are being offered but avoid references to specific products.
- Never use ratings as an attention-getter to solicit prospects. (see pre-approval)
- Avoid references to New York Life assets as a show of strength, since this information is often difficult to summarize in an easily read format. Instead, you should refer readers to New York Life's website. www.nyl.com.
- Business discussions that become detailed or in depth should be moved offline and into a one-on-one nonpublic forum, such as email. For example; a discussion about cost or rates should be done only in a one-on-one communication, not in a communication that many can view. However, no confidential or sensitive personal information should be disclosed in an email unless it is secure.
- Be clear and not misleading in your business communications. If you have doubts, rewrite the message and forward to your New York Life Group Membership account manager for approval.

- When making general positive comments about New York Life, its products and/or services, add the following disclaimer: “I am/we are a Broker/TPA/Association offering life insurance products underwritten by New York Life.” For sites such as Twitter which allow for a limited number of characters “NYL Broker/TPA” should be added to such communications.
- Do not use words like “free” or “no cost” and “no obligation”.
- Do not use promissory language (e.g. “I am certain that this product will meet all of your financial needs”). In your choice of words, favor “may” rather than “will” and “could” instead of “can”. In addition, avoid absolute words such as “all”, “always”, “best”.
- Life insurance premium payments cannot be described as “deposits” or “contributions”.
- If dividends are mentioned, disclose that they are not guaranteed. In addition, dividends should not be referred to as “Tax Free”.
- If using copyrighted material or trademarks (e.g., copy of a newspaper article, photos) related to New York Life products or services, you must have written permission from the copyright or trademark owner holder. As indicated above, the use of such material must be pre-approved by your New York Life Group Membership account manager and NYL SMRU Compliance.

V. Social Marketing: High Level Strategies, Ideas and Tips

Helpful Tips

- Keep posts short.
- Let your personality shine through. Speak in the first person when possible.
- Be authentic. Provide a “personal touch” to your professional business page but do not comingle your personal and business social networking activities. Find the right balance.
- Create conversations, not broadcasts.
- Ask questions to elicit feedback on sites such as Facebook and LinkedIn.
- Build relationships, not transactions.
- Be relatable.
- Be relevant. Focus on local and timely events.
- Talk to people about their interests, too.
- Join your school/former employer alumni groups.
- Join both professional and local networks and monitor their activity - Is someone hosting a local conference/seminar you could participate in? Is someone looking for financial guidance? Do you know someone who is retiring this year?
- Spend time observing your networks and extended networks. Use Twitter Search to listen for your name, competitor’s names, key words you’re interested in. Reach out to prospects in your area.
- Hashtag your Tweets with relevant keywords.
- Leave space for @ replies, RTs, comments, etc.
- Search for events in your community. Promote them, and then show up in person.
- Take relationships in the real world online, as appropriate. Follow customers and prospects on social networks to stay in touch.
- Use social networks to announce future events or recap ones that have happened.

- Twitter is an excellent way to get people to come to something right now or pull attention to live events, as they happen.

Suggested Content Topics

- Why I love being a Broker, TPA
- My company's values
- How trust is earned
- How can companies like ours help the community?
- Customer service vs. sales culture
- My favorite news sources
- I helped someone by...
- I am motivated by...
- Family activity of the week
- Advantages of Broker, TPA relationships over online insurance
- Thank you message to existing clients
- Weekly stories from the road
- A day in the life of a Broker/TPA
- My favorite hometown landmark
- Historic person I'd like to interview
- What "helping" means to me professionally
- Why I love my community

VI. Tips to promote your social networking page

- Encourage prospects, clients and contacts to sign up for your pages by including your social media website addresses on various social network sites (Facebook, Twitter, LinkedIn) and on business materials (i.e. stationery, e-mail signature, websites and voicemail).
- When hosting a seminar or event, share with your attendees the social networking pages you are on.
- Create groups and lists that will grant you exposure to the audience you are trying to capture.
- Add value by becoming an active contributor to your social networking communities.
- Listen carefully to what your contacts are talking about. For example, what are their needs? What are they saying about you?
- Cross reference your social networking pages. For example, on LinkedIn, you can add your Twitter user name, so your contacts can become followers.
- Volunteer in your community and showcase your dedication to social responsibility on your pages. For example, invite your contact and others who may share your passion for a specific cause.
- Share important milestones about New York Life with your followers, such as a company anniversary or special industry recognition.
- Upload pictures from business related community events you've participated in, add to your Facebook and Twitter profiles. Please note: If your pictures contain the faces of attendees, you must obtain their permission to use the photos by asking them to sign a [Personal Information Release Form](#). Please note that you are solely responsible for obtaining and clearing any and all such rights and for any infringement of a third party right, including any copyright or trademark right.
Note: New York Life Insurance Company or its affiliates will not be liable for any infringement of any third party right of any kind. You agree to indemnify New York Life Insurance Company and its affiliates for any loss, cost or expense incurred as a result of any third party infringement.

APPENDIX H- HOSPITAL INDEMNITY DISCLOSURE

Any marketing material for Hospital Indemnity Insurance must include the disclosure (see following page for example).

The notice must be prominently displayed in 14-point font on the first page of:

- any hospital indemnity marketing materials in paper or electronic format, including websites;
- any hospital indemnity application materials (replacing the existing notice); and
- any hospital indemnity policy, certificate or contract of 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](https://www.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](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

EXAMPLE:

HIP NOTICE DISCLOSURE PLACEMENT ON WEBSITE



Group Hospital Money Insurance

Even if you have health insurance coverage that provides some hospitalization benefits, many out-of-pocket expenses, including deductibles, co-payments, childcare and transportation, may not be covered. Hospital Money Insurance provides supplemental coverage every day, up to 365 days, that you are hospitalized for a covered stay. You can use the funds however you wish.

←

Key features and options:

- **Eligibility¹:**
 - ABA lawyer members and spouses/domestic partners residing in the U.S. or Puerto Rico.
 - Unmarried children through age 26.
- Coverage amounts **up to \$500 a day**.
- **Guaranteed acceptance** for you and your family.
- **Pays 100% of daily benefit** for emergency outpatient treatment in a hospital or ambulatory surgical center due to illness or injury (up to 5 such visits for each illness or injury within a year) for insureds under age 65.
- **Benefits are doubled** for cancer and intensive care.
- 50% benefit for home health care expenses.
- Skilled nursing facility benefit.
- Additional coverage options:
 - \$1,000 or \$2,000 surgical benefit.
- **Portable²**, so you can take your coverage with you through changes in your career.

For additional details including assignment of dividends, features, costs, eligibility, renewability exclusions and limitations, refer to the [Hospital Money Insurance Brochure](#).

[Apply Now](#) [Download Paper Application](#) [FAQ](#)

HOW MUCH DOES IT COST?

Estimate your rate two ways.

[Rate Chart](#) [Rate Calculator](#)

NEED ASSISTANCE?

Talk with an ABE Specialist.

[Get Help](#)

THANK YOU ABE INSURED'S

Your generosity made \$8 million in grants possible for 2023.

[Learn More](#)

HIP Notice located here

*Example is for reference only and actual placement may depend on the designed piece.

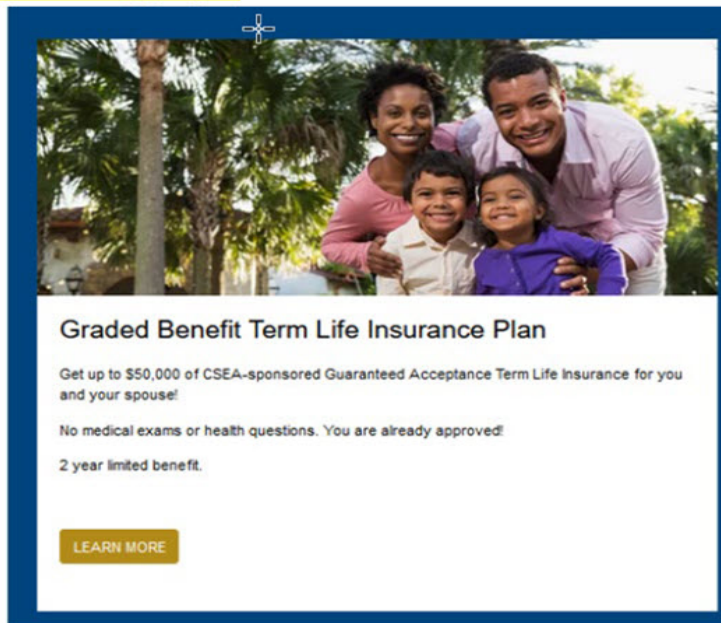
APPENDIX I – GRADED BENEFIT DISCLOSURE- GUARANTEED ISSUE LIFE INSURANCE

Coverage that has a limited benefit for 2 years must be on every page of a paper solicitation (the letter, description of benefits, and application) and every section of a website and microsite.

Note: Graded benefit coverages may vary. However, they are all Guaranteed Issue.

Examples:

Landing page:



The landing page features a family photo at the top. Below it, the title "Graded Benefit Term Life Insurance Plan" is displayed. The text states: "Get up to \$50,000 of CSEA-sponsored Guaranteed Acceptance Term Life Insurance for you and your spouse!" and "No medical exams or health questions. You are already approved!" followed by "2 year limited benefit." A "LEARN MORE" button is at the bottom.

Benefits at a Glance or FAQ's:

CSEA Member Guaranteed Acceptance Term Life Insurance

Benefits at a Glance

Apply in three easy steps!

1 Review these features

- No Medical Exams. No Health Questions.**
You won't have your blood drawn; you won't need a doctor's visit. You're already approved.
- Convenient Payroll Deduction**
No checks to write, no online forms to fill out every month, no deadlines to worry about.
- Exclusive Rates for CSEA Members ONLY**
This coverage is not available to the general public. You may apply if you're a member under age 65, and actively employed for 30 days.
- Graded Benefit Coverage**
There is a limited benefit: Death from natural causes during the first two years of coverage pays just a portion of the benefit amount. During this period, your beneficiary receives an amount equal to 110% of the premiums paid. Full benefits will be paid for accidental death from the first day of coverage.
- Up to \$50,000 of Coverage**
With the high cost of living plus recent inflation, this cash benefit may be a substantial relief from any financial burden you'd leave behind.
- Spouses are Also Pre-Approved**
Lawful spouses under age 65 may apply, as long as the member applies. (Spouse amount may not exceed member amount.)
- Coverage All the Way to Age 80**
Your policy is guaranteed until 80, as long as you meet requirements such as payment of premium.¹
- Underwritten by New York Life**
One of the most trusted names in life insurance for over 175 years.
- 30-Day Free Look**
Cancel coverage in this period for a full refund, with no obligation.²

What is graded benefit coverage?

AN ACCIDENTAL DEATH BENEFIT PAYOUT FOR THE FIRST TWO CERTIFICATE YEARS.

Death from natural causes during the first two years of coverage pays just a portion of the benefit amount. During this period, your beneficiary receives an amount equal to 110% of the premiums paid. Full benefits will be paid for accidental death from first day of coverage. After two years, full benefits are payable for any covered loss.

Graded Benefit Coverage

This is graded benefit coverage, meaning there is a limited benefit: Death from natural causes during the first two years of coverage pays just a portion of the benefit amount. During this period, your beneficiary receives an amount equal to 110% of the premiums paid.

Full benefits will be paid for accidental death from the first day of coverage if they occur during the first two certificate years, if death is due to an accident where: (a) death occurs within 90 days of such accident; (b) death occurs while he or she is insured under the policy; and (c) death is the direct result of the accident and is independent of all other causes.

Limitations & Exclusions

There is a limited benefit: Death from natural causes during the first two years of coverage pays just a portion of the benefit amount. During this period, your beneficiary receives an amount equal to 110% of the premiums

paid. Full benefits will be paid for accidental death from the first day of coverage.

The following deaths are excluded for the Accidental Death Benefit:

Disease/Infirmary – A death that is due to or related to: (a) disease or bodily infirmity of mind or body; or (b) medical or surgical treatment of such disease or bodily infirmity.

Drugs – A death that: (a) occurs during; (b) is due to; or (c) is related to the covered person's use of drugs, narcotics, barbiturates or hallucinogenic agents, unless such use is as prescribed by a doctor or accidentally administered.

Self-Inflicted Injury/Suicide – A death that (a) is due to or is related to (1) suicide, (2) an attempt at suicide, or (3) an intentionally self-inflicted injury; (b) occurs during an attempt at suicide; or (c) occurs while intentionally injuring oneself, while the covered person is sane or insane.

THIS SHOWS LIMITATIONS and Exclusions straight from the policy which is on the FAQ page

AND FINALLY – DIRECTLY ON THE GUARANTEED APPLICATION BEGINNING WITH and understand that this coverage has a limited benefit for the first 2 years. Accidental Death is covered from the first day of coverage.

2. INSURANCE REQUESTED

I HEREBY APPLY FOR THE FOLLOWING RETIREE LEVEL GROUP TERM LIFE INSURANCE COVERAGE:

A. I am a State of California retiree and understand that this coverage has a limited benefit for the first 2 years. Accidental Death is covered from first day of coverage:

APPENDIX J – QUICKDECISION GUIDELINES

Considerations for QuickDecisionsm Marketing

BRANDING

QuickDecision is a process, not a product (an automated medical underwriting process). A typical positioning might be structured as: “Term Life insurance with QuickDecision” or “Disability Income Insurance with QuickDecision” or “with QuickDecision process”. In theory, there could be instances where QuickDecision could be positioned as a product, but a discussion would need to take place on positioning.

QuickDecisionsm is branded as one word, capital Q and capital D. It is requested that the service mark (sm) is used, but it only needs to be used once somewhere in a marketing piece (if preferred the service mark can be displayed more often). Some opt to display the service mark upon first mention of the word, but flexible on where it appears. Overall, regarding the automated underwriting process, it is not mandatory to use QuickDecision, but New York Life Insurance Company wants to establish the QuickDecision brand in the market, so use of QuickDecision helps identify the process as a brand New York Life and its partners are actively using.

Language positioning with product:

Apply for Term Life Insurance with QuickDecisionsm

Apply for Disability Insurance with QuickDecisionsm

CONTENT

Example of a QuickDecision description:

QuickDecisionsm allows you to get a faster decision on your application, usually without requiring a medical exam. This is done by asking health questions online. Eligibility factors include coverage amount, age, and state availability. *(Optional copy to add where applicable - If QuickDecision processing is not available, you may be able to apply on a standard underwritten basis).*

Content

Descriptions of QuickDecision need to be clear that not all applicants will be approved and that some applicants may be referred for further underwriting review.

Frequently Asked Questions

Samples of headlines, subheads and short statements about QuickDecision

Potential headlines/subheads:

- Approval available in minutes
- Apply today for an instant decision.
- No medical exam. No blood tests. No hassle.
- Save Time with QuickDecisionsm
- No blood test or medical exam
- Secure coverage to help protect your family as soon as today
- Decisions on your life insurance application in under 30 minutes
- Get your application decision in 30 minutes, not 30 days
- Get a decision online in minutes
- Up to \$XXX,000 in life insurance with immediate decision and no medical exam

Potential Email subject lines:

Subject: [Association name] offers members [product name] Insurance with QuickDecisionsm

Subject: [Product type] in minutes with QuickDecisionsm

Subject: QuickDecisionsm – a faster way to apply for (product type) insurance through [Association name]

Subject: Apply for [product type] insurance with QuickDecisionsm

Short statements to describe QD

(1) With QuickDecisionsm processing, you can see your (product name) application decision in minutes. Most can apply online and see their decision in under 30 minutes. There's no medical exam—just answer a few questions about your health along with your application information.

(2) QuickDecisionsm speeds up your application process by offering online health questions with real-time medical decisions for coverage amounts up to [\$XX0,000]

(3) QuickDecisionsm helps speed your (product name) insurance application.

(4) With our innovative QuickDecisionsm process, applying for (product name) has never been easier.

(5) QuickDecisionsm can provide a faster decision on your insurance application. This is done by asking health questions online. Eligibility factors include coverage amount, age, and state availability.

QuickDecision disclosure examples

With any proposed headline, subhead or body copy, QuickDecision disclosures will be displayed. Below represents several versions of QuickDecision disclosures that will be present on the page where QuickDecision is being promoted.

Versions of disclosures (use various versions depending on context of promotional materials, product offers and overall context of messaging)

(1) QuickDecision uses your health history data in making an approval decision, so no medical tests are needed. In some cases, we may need to ask you some questions, and in rare cases request a medical visit at your convenience and our expense.

(2) QuickDecision processing can offer an immediate decision about your application. This approval is conditional on confirmation of your association membership status and coverage limit eligibility. A referral decision may be given if an underwriter needs to review your application and may reach out to confirm the information with you. If you are not approved for insurance through QuickDecision processing, you may still be eligible to apply for coverage using standard underwriting. May not be available in all states. Not available in Puerto Rico.

(3) QuickDecision uses data sources to verify your health history, so there are no medical visits or lab tests needed to get your real-time decision. In some cases, we may need to contact you to ask additional questions, and in rare cases request a medical visit. If that happens, all visits are scheduled at your convenience and our expense.

Content specific to Disability insurance with QuickDecision

Please take a look at our [Disability brochure](#). It can be used to promote Disability with QuickDecision or remove the one page about QuickDecision to use as a general Disability brochure.

Disability Brochure (with QuickDecision FAQs section) -

<https://www.newyorklife.com/assets/docs/pdfs/groupmembership/What-you-need-to-know-about-group-disability-insurance.pdf>

Apply for Disability Income Insurance with QuickDecisionsm

No medical exams. No blood tests. No hassle.

Disability Income Insurance can be a crucial first step in protecting your financial wellbeing. Applying for Disability insurance is now easier than ever with QuickDecision, a new process that can provide an application approval decision in minutes.

Frequently Asked Question Copy

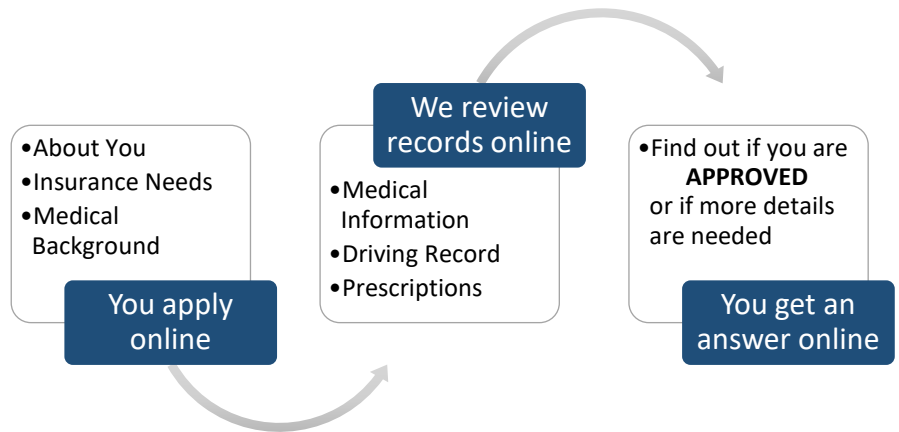
The following pages offer Frequently Asked Questions (FAQ) content in a designed format for your use.

Please note: Some questions approach the same topic with different language. Not all questions would be used together. Some questions have been written to allow case specific details about QD to be inserted. These are shown in **[red brackets]**. While this content has been pre-approved through SMRU, any changes will require review. Please share your final version of these FAQs with your account manager for review.

QuickDecisionsm Frequently Asked Questions

We are confident you will enjoy the benefits of receiving a faster decision to your insurance request and understand that you may have questions about the process.

Below are some common questions and answers. If you still have questions about applying, let us know and we are happy to help.



What is QuickDecision?

QuickDecision is an automated medical underwriting process that can provide a decision in real-time based on your answers to health questions and database information gathered. When you apply online with QuickDecision, you can receive a decision on your insurance application in minutes. This saves time when compared to traditional or standard medical underwriting, which can take weeks and may require medical visits.

What products are eligible for QuickDecision?

QuickDecision is available for [PRODUCT NAMES or CATEGORIES]. Eligibility is based on age, amount of coverage requested and state availability.

How does it work?

When you complete your application online, you will be asked questions about your health. Based upon your responses along with data we access with your permission, QuickDecision can instantly determine if you are approved for insurance coverage. If for any reason an application cannot receive an immediate decision, we notify our medical underwriters for manual review to provide you the fastest possible decision.

Is there a medical exam or blood test?

No medical exam needed. QuickDecision uses data sources to verify your health history, so there are no medical visits or lab tests needed to get your real-time decision. In some cases, we may need to contact you to ask additional questions.

Will I need to visit a doctor? [Alternate Question Text]

Generally, no. Most QuickDecision application decisions are given without the need for follow up. Sometimes additional information may be necessary, and you will be contacted accordingly with next steps.

What type of information do you get about me online?

You will answer questions about your medical history with options to provide details when necessary. This is all stored for a limited time in a secured database separate from your other information. With your permission, we then ask sources such as Medical Information Bureau and prescription drug databases to confirm some information about you. This can include validation of medical history, any driving infractions, and any medications you are taking. We do not retain any of this information about you. This information is looked up, verified, and then released. All of this happens online, typically while you are still finishing the last few steps of your application.

What data is collected? [Alternate Question Text]

We ask key health questions such as your age, gender, height, weight, and health history. We also need to know your social security number and contact information to verify data about you. You will be asked to grant permission to New York Life to access secure databases to verify the health history provided. All data is managed with diligent security protocols, and nothing is shared for any purpose other than to provide you a decision about your insurance application.

How long does the process take?

With QuickDecision, most applicants complete their application and receive their decision in under 30 minutes.

Who is eligible?

Eligibility is based upon factors such as your age, amount of coverage requested, and state availability. QuickDecision availability will be indicated when you apply.

Can I apply for more coverage than the QuickDecision limits?

Yes! While the QuickDecision process does have coverage amount limits, you can apply for as much coverage as your group policy allows. Coverage amounts requested over the QuickDecision limit will be subject to standard medical underwriting.

When will I find out if my insurance application is approved?

At the end of the QuickDecision application process, we will display a decision about your application. If conditionally approved, your Plan Administrator will verify your eligibility and if fully approved they will process your initial payment and issue coverage. You will receive a certificate with full coverage details. Some people may not receive immediate approval but require a medical underwriter to review the application. If this happens, a decision is typically provided within 7 business days.

What if I am declined?

If your QuickDecision application is declined by a medical underwriter, you may contact New York Life to request full medical underwriting. Additional medical information may be required including labs and medical records.

How is my information secured?

Information you provide is all gathered on a secured server which has undergone high standards of security testing. We proudly display the Norton seal at the bottom of the page with details about the security. Additionally, the data provided is separated and stored on different servers – and is stored for only a limited time. This helps to safeguard your data in multiple ways.

What if QuickDecision is not approved in my state, or I apply through the mail?

Certain states are not approved to gather your health history online and some applicants prefer to apply through the mail. When this happens, New York Life may process your application with an Expedited Underwriting process if your age and coverage amount requested is within the QuickDecision guidelines. Expedited underwriting decisions can be available in 5-10 business days.

Is there a lifetime limit for QuickDecision?

Yes, the lifetime limit for QuickDecision underwriting is [\$XXX,000 or \$X,000/month] for all combined [life or disability] insurance through [Program Name]. If you are applying for more than one life product during the same online session, the total combined limit cannot exceed the QuickDecision maximum. If you completed your health history online, as part of the eligibility review, if it's determined that you previously reached, or this new amount plus the former amount issued with QuickDecision will put you over the lifetime limit, the new coverage applied for will be subject to full medical underwriting which could include a medical exam, laboratory tests, and other health information.

Why do you need information about my medical and driving history?

Insurance companies review medical and other information about the person being insured to determine if the risk can be accepted. Through this process, we gather and compare information about you against a broad group of people like you. The better your history, the better the rates you could be offered for insurance. Your medical history includes any factors which may put your health – and life – at risk. This can include a history of disease, habits, behaviors, and recreation. Sometimes a driving history, including reckless behavior, can be just as important as suffering a serious illness.
