

SUPPLEMENT TO APPLICATION

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF NEW YORK

Home Office: Albany, New York 12211

A Stock Company

Applicant's Name: _____

Policy/Certificate Number: _____

I UNDERSTAND THAT THIS IS ACCIDENT-ONLY INSURANCE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN ADDITIONAL PAYMENT WITH YOUR TAXES. I ACKNOWLEDGE THAT I HAVE COMPREHENSIVE HOSPITAL, SURGICAL, AND MEDICAL HEALTH INSURANCE (MINIMUM ESSENTIAL COVERAGE).

☐ Yes ☐ No

If you have questions about the benefits provided by this coverage, please contact us at 1.800.366.3436.

MINIMUM ESSENTIAL COVERAGE DEFINITION

The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.

Applicant's Signature

Date