



GROUP MEMBERSHIP COLLATERAL ASSIGNMENT RELEASE FORM

Group Name: American Medical Association Group Insurance Trust Group Number: _____

Owner (Assignor) Name: _____ Certificate/ Policy Number: _____
(First) (M.I.) (Last)

Assignee Name *: _____
(First) (M.I.) (Last)

** If the assignee is a corporation, include name of corporation, and a corporate officer name and title*

Assignee Address: _____
(Street) (City) (State) (Zip)

_____, the Assignee of the Insured's benefits under the subject Group Policy through and by reason of a collateral assignment, hereby releases all rights under said assignment.

Signature of Assignee (if Corporate Officer, include title and name of Corporation) **Date**

RECORDED ON BEHALF OF NEW YORK LIFE, subject to the terms and conditions of the group policy.

By _____ Date _____

Please return this completed form to AMA Insurance 330 N Wabash Suite 39300 Chicago IL 60611. Assistance is available by calling 800-458-5736 Monday – Friday 8am to 5pm, Central Time.