

REPLACEMENT - NEW YORK - EXEMPTION

Memorandum

Date:

To: Underwriting Department

From: GA # _____

Subject: NY Regulation 60-Exemptions for Employer Paid Plan

Employer Name: _____
(Name of Employer Sponsored Pension Trust or other Employer Sponsored Plan)

This letter will serve to confirm that premiums for the United States Life Insurance policy(ies) applied for herewith in connection with the referenced plan are to be wholly paid by the captioned employer or employer trust, and no amount of premium is to be funded by contributions of any employee/insured.

All employees covered in the above plan are included in this agreement.

Required Signatures:

Date: _____

(Producer)

Date: _____

(Authorized Principal of Employer or Trustee)