

Cornell University



Everyone deserves more  
financial security.

Protect your family with New York Life Group Benefit Solutions.



GROUP BENEFIT  
SOLUTIONS

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# NYL GBS Benefits Guide



## Welcome to Cornell University.

### **Make informed decisions with New York Life Group Benefit Solutions (NYL GBS) Benefits Guide.**

We know that selecting the right insurance is important to you. NYL GBS Benefits Guide is a website where you'll find tools that will help you learn more about – and enroll in – the coverage being offered to you.

- Understand the value of your plans.
- View and enroll in available benefits.
- Get instant access to forms and more.
- Manage beneficiary designations, or view current coverage information.

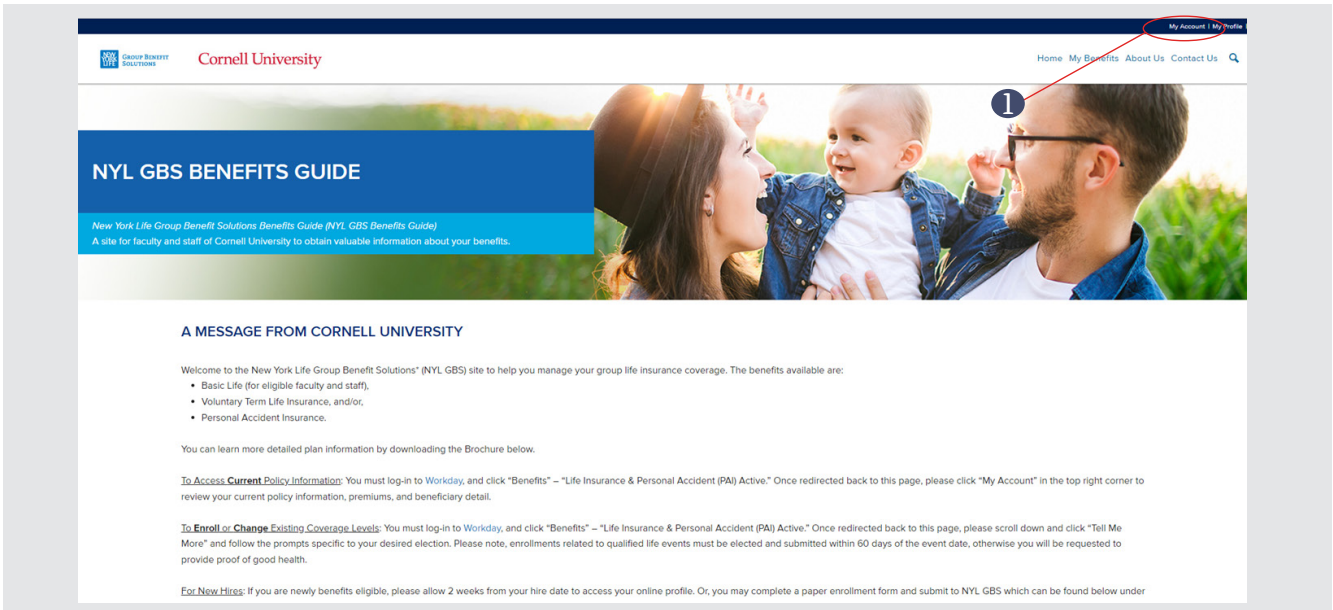
## Before you enroll:

- Review your plan options.
- Determine your costs.
- Select your benefits and whom to enroll.

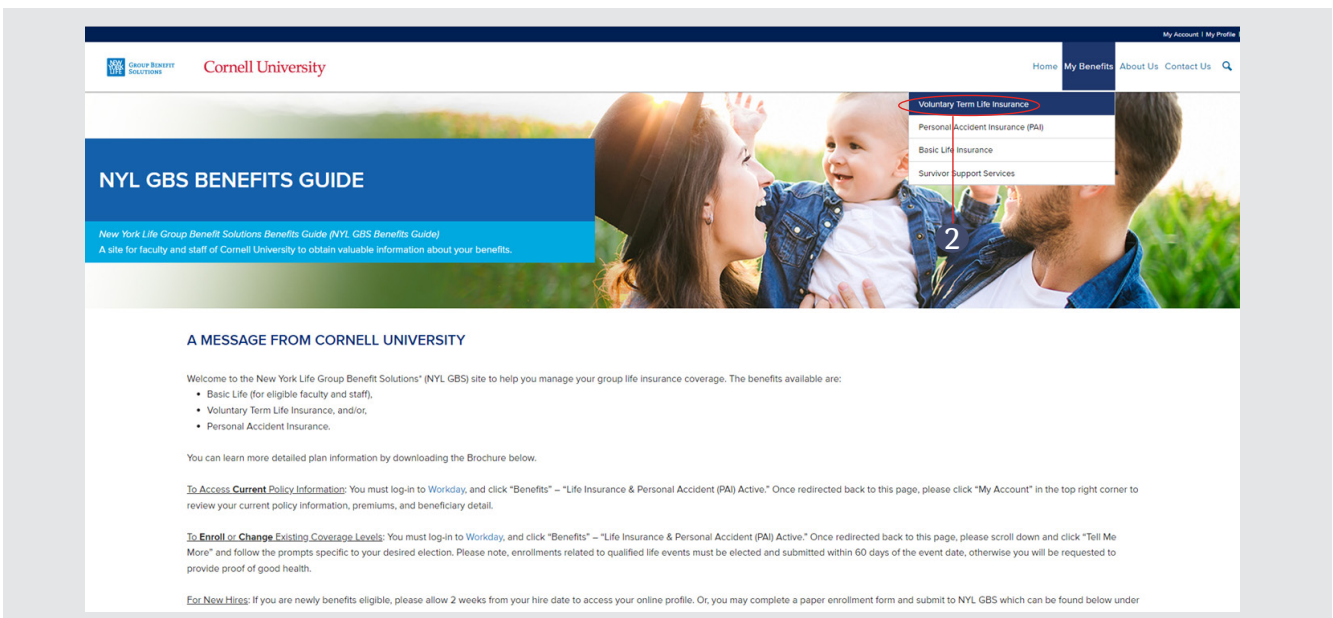
Go to **Workday** to access NYL GBS Benefit Guide to enroll online for benefits and to designate your beneficiaries.

Click on the "**Benefits**" icon. Click on "**Life Insurance & Personal Accident (PAI) – Active**".

- 1 Once on NYL GBS Benefits Guide: To review current coverage information and beneficiary designations, click "**My Account**".

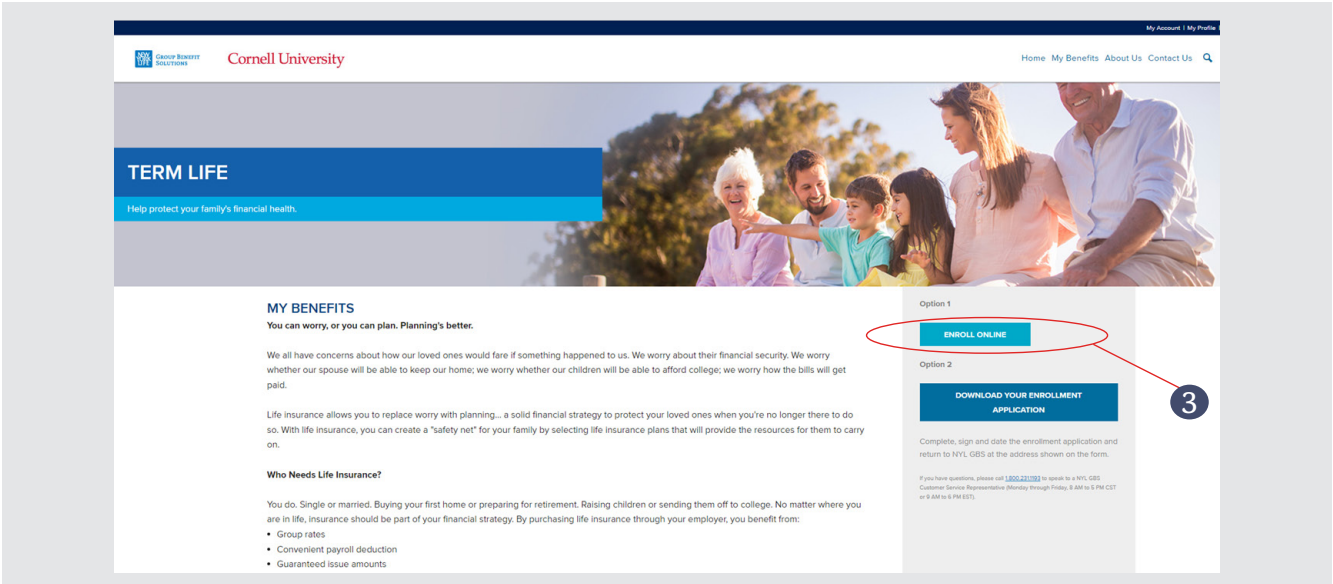


- 2 To enroll and designate beneficiaries for the first time or increase your current coverage, go to the "**My Benefits**" tab and select the benefit you wish to enroll in.



For illustrative purposes only.

**3** Click on the "Enroll Online" button.



For illustrative purposes only.

- 4** Provide proof of good health for you and your spouse if applicable.
- 5** Complete the enrollment process.
- 6** Sign enrollment elections electronically.
- 7** Be sure that you have designated your desired beneficiary(ies).
- 8** Print confirmation statement.

Or enroll using a paper application.

You can download and print forms on the NYL GBS Benefits Guide website. Complete, sign and date the enrollment application and return to the NYL GBS Customer Service Center.<sup>1</sup>

 Mail to: PO Box 14577  
Des Moines, IA 50306-3577

 Fax to: (877) 435-7181

Please call **(800) 231-1193** if you have questions about the benefit enrollment process.

<sup>1</sup> NYL GBS Customer Service Center administration provided by Infosys McCamish Systems, LLC.

NYL GBS Voluntary Term Life insurance.



# Help preserve your family's lifestyle.

Eligible Employees have the opportunity to purchase Voluntary Term Life insurance to help provide the additional financial protection they need to feel confident that their home, family, and finances can be protected in the event of a premature death.

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# Plan summary



## Coverage for you.

You are eligible for NYL GBS Voluntary Term Life insurance if you are a regular full-time or part-time faculty or staff member of Cornell University, actively working a minimum of 20 hours per week or a minimum of 17.5 hours per week if a County Extension Services employee.

- **Coverage amounts available:** 1–10 times your base annual salary, rounded to the next higher \$1,000. The maximum coverage amount is 10 times your base annual salary or \$2,000,000, whichever is less.
- **Guaranteed Issue amount<sup>2</sup> available within 60 days of your eligibility date without proof of good health:** 5 times your base annual salary, rounded to the next higher \$1,000; or \$1,000,000, whichever is less.

### If you provide proof of good health, you can:

- Purchase more than the Guaranteed Issue amount: up to 10 times your base annual salary, rounded to the next higher \$1,000; or \$2,000,000, whichever is less.
- Increase your life insurance coverage at any time, up to the maximum allowed.

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## Coverage for your spouse.<sup>3</sup>

You can purchase coverage for your eligible spouse in the following amounts.<sup>4</sup>

- In \$10,000 units, up the maximum of \$300,000.
- Guaranteed Issue amount<sup>2</sup> available for your spouse during your first 60 days of eligibility without proof of good health: \$50,000.
- If your spouse provides proof of good health, you can purchase coverage up to \$300,000.

For coverage to become effective, you must be actively at work and your spouse must not be hospitalized, confined at home under the care of a doctor, or unable to perform the normal daily activities of a person of the same age or gender.

<sup>2</sup> The face amount of coverage that an insured may purchase in certain situations without satisfying the proof of good health requirement.

<sup>3</sup> Wherever the term Spouse appears it shall also include Domestic Partner. Additional information is available from your Benefit Services Representative.

<sup>4</sup> Please note that in certain states, restrictions may apply and ages may vary.



## Coverage for your children.

If you elect NYL GBS Voluntary Term Life for yourself or your spouse, you may also purchase insurance for all of your unmarried, dependent children from birth and younger than 26 years old who are primarily supported by the employee, or 26 years of age or older and primarily supported by the employee because of a mental or physical handicap.<sup>4</sup>

For just one premium, you can cover all your dependent children. You can obtain up to \$20,000 in Guaranteed Issue amounts of term insurance coverage, in \$2,000 units, if you enroll your child(ren). When your child(ren) no longer qualifies as a dependent, they are eligible to convert coverage as an adult.

**Note: Employees need to notify NYL GBS when their last child is no longer eligible for the coverage due to the fact that NYL GBS does not collect personal data on children covered under the policy.**

For your dependent children's coverage to be effective, they must not be hospitalized, confined at home under the care of a doctor, or unable to perform the normal daily activities of a person of the same age and gender.

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## Life status change.

If a life status change happens, the employee is eligible for an additional 2 times their base annual salary up to \$300,000, not to exceed the plan maximum, if the coverage elections are made within 60 days of a life event itself. You can also obtain an additional guaranteed coverage amount of \$40,000 for your spouse, if currently insured, not to exceed the plan maximum. Proof of good health is not required for these amounts. A life status change is defined as any of the following events:

- Change in marital status;
- Birth or adoption of a child;
- Termination of a spouse's employment;
- Change in the benefit plan available to the employee's spouse;
- Change in the employee's or spouse's employment status that affects either person's eligibility for benefits; or
- Death of a spouse.



# Plan features



When you enroll in NYL GBS Voluntary Term Life, you can plan for your retirement and secure your loved ones' lifestyle at the same time.

- **Large coverage, small price.** Depending on your age, you could receive a Guaranteed Issue amount of \$1,000,000 in coverage for as little as \$44.00 a month.
- **Yours for the asking.** Apply within 60 days of your eligibility date and you may not have to provide proof of good health.
- **Ease of payroll deductions.** While an active Cornell University faculty or staff member, your NYL GBS Voluntary Term Life insurance premiums are deducted from your paycheck using after-tax dollars.
- **Take it with you if you change jobs.** You can keep your coverage even if you leave, retire or change employers.<sup>5</sup>

## Keeping pace with the changes in your life.

How much life insurance do you need today? How much will you need in two years? Five years? We've thought about these questions and have developed options that can help you maintain adequate insurance levels as your needs – and your circumstances – change.



<sup>5</sup> Higher rates may apply.

## Automatic increase feature.

With the automatic increase feature, your NYL GBS Voluntary Term Life coverage will adjust automatically (not to exceed the maximum allowed) at the time of your salary increase. Your payroll deduction amount will also be increased to cover the higher amount of protection.

The following example illustrates how this feature works.

Ted is 32 years old  
and makes \$45,000  
per year.

He has NYL GBS Group Universal Life coverage equal to three times his salary. He gets a salary increase of **\$4,700**. With the automatic increase feature, his insurance coverage would be increased to **\$149,100** (\$49,700 x 3), rounded up to the next **\$1,000 = \$150,000**. Accordingly, his payroll deduction amount would be automatically increased for this additional coverage.



This is a fictitious example used for illustrative purposes only. Not an actual New York Life customer experience.

## Continuation for disability for employees age 60 or over.

If your active service ends due to disability, this plan provides a continuation of coverage feature. If you are disabled at age 60 or over, your coverage will continue while you are disabled. This benefit will remain in force until the earliest of the following dates: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid.

You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan. "Regular Occupation" means your occupation, as routinely performed in the general labor market, at the time your disability begins.

## Extended death benefit with waiver of premium.

**If you become Disabled** - The extended death benefit ensures that if you become disabled prior to age 60, and die before you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify for this benefit and have insured your spouse or children, their coverage is also extended.

You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan. "Regular Occupation" means your occupation, as routinely performed in the general labor market, at the time your disability begins.

## Waiver of cost of life insurance.

**If you become totally disabled** - To make sure you can keep the life insurance protection you need during a difficult period of your life, this plan provides a waiver of premium feature. If you are totally disabled prior to age 60 and can't work for at least 9 months, you won't need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 65, subject to proof of continuing disability each year.

## Accelerated payment benefit.

If you or your covered spouse become terminally ill and the life expectancy is a year or less, you can receive a maximum of a 75% of your coverage amount, potentially tax-free.<sup>6</sup> The money is paid out in a lump sum directly to you or anyone you designate to use however you wish. To qualify to receive the benefit, you must provide medical certification from two unaffiliated physicians that your life expectancy or that of your spouse is 12 months or less. NYL GBS will send payment as soon as your request, medical certification and supporting evidence are reviewed and approved. This benefit is only available one time, and is not available on dependent child coverage.

Your premium obligation continues on the full amount of coverage if this benefit is exercised.

The following example illustrates how a 75% benefit would pay out on \$100,000 of coverage:

### Payment of benefit

### Monthly premium

\$100,000 of NYL GBS Group Universal Life coverage

**\$4.40**

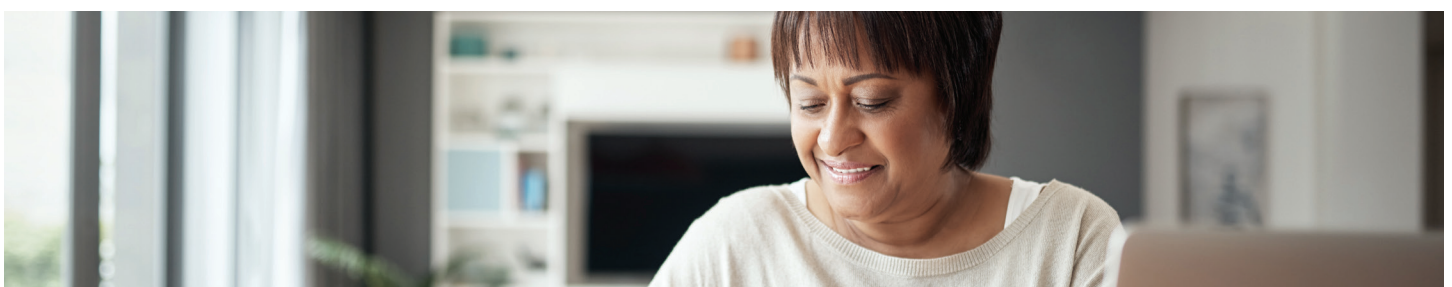
– \$75,000 (75% potentially tax-free lump-sum payment)

**\$25,000 remaining death benefit amount**

**\$4.40**

Actual coverage and benefit amounts will vary by policy design. Coverage is subject to all terms and conditions as specified in the policy.

<sup>6</sup> You may want to seek advice from your personal legal or tax advisor before exercising this option.



# Cost of insurance



To determine the cost of coverage, find your age or your spouse's age in the left column of the chart below, then read across to find the semi-monthly or bi-weekly cost of insurance for each \$1,000 of coverage. If you leave, retire or change employers, higher rates may apply.

Age of employee or spouse	Semi-monthly 24 week (Rates per \$1,000)	Bi-weekly 26 week (Rates per \$1,000)
Under 35	\$0.0220	\$0.0203
35–39	\$0.0315	\$0.0291
40–44	\$0.0385	\$0.0355
45–49	\$0.0615	\$0.0568
50–54	\$0.0910	\$0.0840
55–59	\$0.1600	\$0.1477
60–64	\$0.1760	\$0.1625
65–69	\$0.2290	\$0.2114

Rates for age 70 and over are available upon request.

Your age for calculating monthly cost of insurance will be updated on each January 1.

NYL GBS Voluntary Term Life insurance premiums are paid for with after-tax dollars.

Amount of coverage for all your dependent children	Semi-monthly 24 week cost	Bi-weekly 26 week cost
\$2,000	\$0.21	\$0.1938
\$4,000	\$0.42	\$0.3877
\$6,000	\$0.63	\$0.5815
\$8,000	\$0.84	\$0.7754
\$10,000	\$1.05	\$0.9692
\$12,000	\$1.26	\$1.1631
\$14,000	\$1.47	\$1.3569
\$16,000	\$1.68	\$1.5508
\$18,000	\$1.89	\$1.7446
\$20,000	\$2.10	\$1.9385

### How to calculate your payroll deduction for NYL GBS Voluntary Term Life insurance

	You	Your spouse
1. Show the amount of insurance desired (1 to 10 times your base annual salary, rounded to the next higher \$1,000, and spouse coverage in \$10,000 units).	= \$ _____	= \$ _____
2. Divide the insurance amount you selected by \$1,000 to determine how many "units" of insurance you'll purchase.	= _____ units	= _____ units
3. Next, use the rate chart on this page to determine your Semi-monthly or Bi-weekly Cost of insurance. Find your age and your spouse's age and enter the appropriate rate per \$1,000 shown on the rate chart.	= _____ rate per \$1,000	= _____ rate per \$1,000
4. Multiply by the number of units of insurance from Step 2.	= _____ Semi-monthly or Bi-weekly Cost of insurance	= _____ Semi-monthly or Bi-weekly Cost of insurance

Determine your total Semi-monthly or Bi-weekly deduction by adding the following:

Semi-monthly or Bi-weekly Cost of insurance. \_\_\_\_\_  
(Step 4) (Step 4)

Dependent child(ren) coverage. Add to your or your spouse's Semi-monthly or Bi-weekly contribution, if elected. + \_\_\_\_\_ + \_\_\_\_\_

Total Semi-monthly or Bi-weekly deduction for NYL GBS Voluntary Term Life =

# Information about coverage



## Coverage start and end dates.

Your and your dependent's coverage will start<sup>7</sup> on the date we receive the completed and signed application and payroll authorization form, if:

- You meet the eligibility requirements;
- You enroll within 60 days of your eligibility date;
- You do not apply for more than the Guaranteed Issue amount; and
- You do not need to provide proof of good health.

Otherwise, your and your dependent's coverage will take effect on the date NYL GBS agrees in writing to cover you and your dependents.

## Your and/or your spouse's coverage will end on whichever comes first:

- You cancel the coverage;
- Your employer cancels the group policy;<sup>8</sup>
- You don't pay the premiums;
- On your 99th birthday (or the January following your 99th birthday);
- On your spouse's 70th birthday (or January following your spouse's 70th birthday); or
- You or your spouse die.

## Dependent children coverage will end on whichever comes first:

- Your coverage ends (or, when your spouse's coverage ends, if the child's coverage is on the spouse's certificate);
- You surrender or cancel their coverage; or
- They are no longer eligible for coverage.

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## If you leave Cornell.

To help you keep your life insurance coverage during the years when your family needs financial protection, the plan allows you, your spouse, and dependent children to continue coverage under portability or conversion options. At the time your coverage ends, you will receive information from NYL on each of these options. You will have a limited period of time to make your election and pay the first premium. Higher premium rates will apply.

## Exclusions.

If an insured commits suicide, while sane or insane, within two years of their policy's start date or within two years of an increase in coverage, a refund of premiums will be made.

<sup>7</sup> This is the date your coverage actually begins. You are fully covered from this date.

<sup>8</sup> If your employer cancels the group policy, you can continue your coverage on an individual policy. Higher rates will apply.

# Words to know



- **Guaranteed Issue:** an amount of insurance you can buy during the enrollment period without having to provide proof of good health.
- **Maximum coverage:** the highest amount of NYL GBS Voluntary Term coverage NYL GBS provides to you.
- **Eligibility date:** the first date you are eligible to become covered or enroll for NYL GBS Voluntary Term Life insurance.
- **Proof of good health:** evidence of your good health. As an example, your responses to medical questions on an insurance application.





# NYL GBS Personal Accident insurance.



## Because accidents happen.

NYL GBS has the coverage and support you need.

Accidents happen all of the time. In fact, about one in six Americans are treated for accidents each year,<sup>9</sup> and accidents are the fourth leading cause of death in the United States.<sup>10</sup> Not only could a serious injury or death be emotionally devastating to a family, it may also be difficult from a financial standpoint – especially given the fact that over two-thirds of Americans live paycheck-to-paycheck.<sup>11</sup> That's why it's important to make sure you're covered in case of an accident.

As a new Cornell University faculty or staff member, you have the opportunity to take advantage of NYL GBS Personal Accident (PAI) insurance, which provides additional financial protection for covered injuries that are the result of a covered serious accident. It also covers the accidental loss of life.

<sup>9</sup> National Safety Council, "Injury Facts." 2022.

<sup>10</sup> Centers for Disease Control and Prevention, "FastStats – Leading Causes of Death." September 2022.

<sup>11</sup> American Payroll Associations, "2022 Getting Paid in America Survey." 2022.

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# Plan highlights



## PAI features.

- Coverage at the price of \$2.00 a month gets you \$100,000 of coverage. For an additional \$1.00 a month, you can add another \$50,000 to insure your spouse. You can even purchase up to \$500,000 of coverage.
- **Cash for you.** PAI pays you a benefit if you are injured in a covered accident, not just death benefits.
- **Coverage on or off the job.** PAI pays whether the covered accident is work-related or not, anywhere in the world.
- **Coverage if you change jobs.** If you leave Cornell University, or the policy is canceled, you can continue your benefits by converting to an individual plan.<sup>12</sup>
- **Convenient payroll deductions.** While an active Cornell University faculty or staff member, your PAI premiums are deducted from your paycheck using after-tax dollars.

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PAI can help to pay for unexpected costs, such as:

- **Childcare and education**
- **Spouse job training**
- **Rehabilitation or trauma counseling**
- **Home alterations and vehicle modification**

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Keep in mind that this coverage shouldn't be a replacement for life insurance or major medical insurance, as it provides accident-only coverage.

<sup>12</sup>Refer to the section on page 25 called: Changing from group to individual coverage.

# Plan summary



You can purchase the following coverage at a group rate. See your plan documents or certificate for details about any restrictions, exclusions and limitations.

## Coverage for you.

You're eligible for PAI if you are an active, regular full-time or part-time faculty or staff member of Cornell University, scheduled to work a minimum of 1,000 hours per calendar year or more, or you worked 1,000 hours a year or more during the immediately preceding calendar year or 910 hours for County Extension employees.

- Select from \$10,000 to \$500,000 worth of coverage in \$10,000 increments.
- If you select a benefit amount over \$250,000, the amount cannot exceed 10 times your base annual salary.

## Coverage for your family:

### You can buy coverage for your spouse.

- Spouses can receive either 100% or 50% of the coverage amount you choose for yourself.
- The maximum coverage amount cannot exceed \$250,000.
- To be eligible for coverage, your spouse must be younger than age 70.

### For your spouse's coverage to become effective:

- Your spouse must not be hospitalized or receiving outpatient care for chemotherapy or radiation.
- Your spouse must not be confined at home under the care of a health care provider.
- Your spouse must not be receiving disability benefits.
- Your spouse must be able to perform the normal daily activities of a person of the same age and gender without another person's help or supervision.



If you elect PAI for yourself, you may also buy coverage for your unmarried children and your spouse's unmarried children who are:

- Under age 19.
- Under age 25 if they are full-time students primarily supported by you.
- 19 or more years old, primarily supported by you because of mental or physical handicap.

A child includes an Employee's natural child, adopted child, beginning with any waiting period pending finalization of the child's adoption, stepchild, child for whom the Employee is legal guardian as long as the child depends on the Employee for financial support.

The coverage amount for children is 10% of your benefit amount. So if you elect \$100,000 worth of coverage for yourself, your child's coverage is \$10,000. The maximum coverage amount is \$25,000. Costs are the same, regardless of the number of children you insure.

**For your dependent children's coverage to become effective:**

- You must be actively at work.
- Your children must not be hospitalized or confined at home under the care of a provider for sickness or injury.

Each family member's coverage is a percentage of the benefit amount you select. It will depend on who your insured family members are at the time of a covered accidental loss. No one can be covered more than once under this plan. If you are covered as an employee, you cannot also be covered as a dependent.



# Schedule of covered losses



If, within 365 days of a covered accident, bodily injuries result in:	Group Benefit Solutions will pay this percentage of the benefit amount:	
	You or your spouse	Your children
Accidental loss of life	100%	100%
Total paralysis of both upper and lower limbs Loss of any two: hand, foot, or eyesight Loss of speech and hearing in both ears Coma	100%	200%
Loss of one: hand, foot, or entire sight of one eye Loss of either speech or loss of hearing in both ears Total paralysis of both legs Total paralysis of arm and leg on one side of the body Severance and Reattachment of one hand or foot	50%	100%
Loss of thumb and index finger on same hand Loss of all four fingers on same hand Uniplegia	25%	50%
Loss of all toes of the same foot	20%	40%

# Additional benefits



It's not easy to predict how a serious accident will affect your family. Some accidents could seriously affect your finances – especially if extensive rehabilitation is needed. That's why PAI gives you these additional benefits to help meet special needs.

## Living benefits.

We will pay benefits if you, or an insured family member, are seriously injured in a covered accident that results in dismemberment, loss of eyesight, speech and hearing, and paralysis. If you suffer multiple covered losses<sup>13</sup> in one covered accident, you'll receive only one benefit – the largest benefit to which you're entitled.

## Increased accidental injury benefit for children.

We will pay double the child's coverage amount if your insured child suffers an accidental injury. The maximum payment is \$50,000. Restrictions apply.<sup>14</sup>

## Children requiring special care.

PAI helps parents with children who survive severe accidents. If your child subsequently dies within 90 days as a result of the accident, then we will pay only the death benefit payable under the plan.

This additional benefit can help parents cope with the ongoing financial obligations associated with caring for children who require continued medical attention, rehabilitation services and a specialized educational environment.

## Seat belt benefit.

We will automatically increase the benefit amount by 10% if you, or an insured family member, die in a motor vehicle accident while wearing a seat belt. Maximum benefit is \$10,000.

We will pay \$1,000 if it isn't clear whether the Insured had been wearing a seat belt.

Restrictions, limitations and exclusions apply.<sup>15</sup>

<sup>13</sup> See your plan's "Schedule of Losses" for details.

<sup>14</sup> If the child dies within 90 days of the accident, you will receive the death benefit only.

<sup>15</sup> Seat belt benefit applies to accidents occurring while driving or riding in a validly registered four-wheel private passenger (or employer-owned) car, station wagon, jeep, pickup truck or van-type car. Seat belt must be properly fastened, factory installed/manufacture approved. If the insured is a child, while protected by a child restraint system as defined by state law. No benefit will be paid if the official accident report indicates that no seat belt was worn at the time of the accident.

## Coma benefit.

If you, your spouse or your children have been in a coma for one full month as a result of a covered accident, we will pay a coma benefit, as shown in the Schedule of Covered Losses. We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump-sum payment equal to the full benefit amount.

### Use this chart to help you figure out the cost of PAI coverage.

Cost of insurance		
	Semi-monthly (24 weeks) (Rates per \$1,000)	Bi-weekly (26 weeks) (Rates per \$1,000)
Employee only	\$0.010	\$0.009
Spouse	\$0.010	\$0.009
Children	\$0.010	\$0.009

#### Example:

If you select \$250,000 of coverage for yourself, 50% benefit for your spouse and 10% for your dependent children, then:

**For you:**  $\$250,000 / \$1,000 = 250$   
 $250 \times \$0.010 = \$2.50$  Semi-monthly cost

**For your spouse:**  $\$125,000 / \$1,000 = 125$   
 $125 \times \$0.010 = \$1.25$  Semi-monthly cost

**For your child(ren):**  $\$25,000 / \$1,000 = 25$   
 $25 \times \$0.010 = \$0.25$  Semi-monthly cost

The total semi-monthly cost for you and your family would be \$4.00 (\$2.50 + \$1.25 + \$0.25).

## Benefit reductions.

When the covered person reaches age 70, his or her benefits will be reduced to 68% of the benefit amount selected; at age 75, 47% of the benefit amount selected, at age 80, 32% of the benefit amount selected, and at age 85, 16% of the benefit amount selected. If you elect coverage for your family members, benefits for your insured family members will be based on your selected benefit amount. Other plan benefits based on your selected amount will be determined by this reduction schedule. Coverage for your spouse ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 69.



# Information about coverage



Your coverage will start on the date we receive your completed and signed application, and your payroll authorization form. If you're not actively at work on your start date, we'll defer your start date until you're actively at work.

## Coverage start and end dates:

### Your coverage will end on whichever comes first:

- Your employer cancels the group policy.
- You are no longer an eligible employee.
- You are no longer actively at work.
- You don't pay the premiums.

### Spouse or dependent children coverage will end on whichever comes first:

- Your coverage ends.
- Their premiums are not paid.
- They're no longer eligible.

## Changing from group to individual coverage.

If your coverage ends before you reach age 70 for any reason except nonpayment of premium, you can convert to an individual policy. Proof of good health is not required. To continue your coverage, you must apply for the conversion policy and pay the first premium within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your policy.



## Coverage exclusions.

### Plan benefits are not payable if related to the following:

- An injury or a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide while sane or insane
- Commission or attempt to commit a felony
- Any act of war, declared or undeclared
- Any active participation in a riot, insurrection or terrorist act
- Bungee jumping
- Parachuting
- Skydiving
- Parasailing
- Hang gliding
- Sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound or accidental food poisoning)



## Benefits are also not payable if:

- The loss occurs while the covered person is voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed.
- Operating any type of vehicle while under the influence of alcohol (intoxicated is defined by the law of the state in which the covered accident occurred) or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it.
- Traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates (an aircraft will be deemed to be "controlled" by the sponsoring organization if the aircraft may be used as the sponsoring organization wishes for more than 10 straight days, or more than 15 days in any year).
- Aviation, except as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
  - An aircraft being defined as a vehicle which:
    1. has a valid certificate of airworthiness; and
    2. is being flown by a pilot with a valid license to operate the Aircraft.

# Words to know



- **Coma** means a profound state of unconsciousness which resulted directly and independently from all other causes from a covered accident, and from which the insured is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a provider. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that covered accident.
- **Loss of a hand or foot** means complete severance through or above the wrist or ankle joint.
- **Loss of sight** means the total, permanent loss of all vision in the eye.
- **Loss of speech** means total, permanent and irrecoverable loss of audible communication.
- **Loss of hearing** means total and permanent loss of the ability to hear any sound in both ears.
- **Loss of a thumb and index finger or four fingers** means complete severance through or above the metatarsophalangeal joints (the joints between the fingers and the hand).
- **Paralysis** means total loss of use, without severance, of a limb. This loss must be determined by a provider to be complete and not reversible.
- **Loss of a toe** means complete severance through the metatarsophalangeal joint.
- **Severance** means complete and permanent separation and dismemberment of the limb from the body.







# Questions?



Call **(800) 231-1193** to speak with a customer service representative.

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Group accidental death and dismemberment insurance pays limited benefits only. It does not constitute comprehensive health insurance coverage and is not intended to cover all medical expenses. This coverage does not satisfy the "minimum essential coverage" or individual mandate requirements of the affordable care act (ACA). Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes. This coverage is not medicaid or medicare supplement insurance.

This information is a brief description of the principal provisions of the insurance coverage. It is not a contract. The group policy is subject to the laws of the state in which it is issued. The coverage outlined in this brochure may vary by state. Policy forms: Term-TY-005150 et al; Accident -No. LZ-4A45.

Accidental death and dismemberment insurance and Voluntary Term Life insurance are issued by Life Insurance Company of North America and New York Life Group Insurance Company of NY.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

## **New York Life Insurance Company**

51 Madison Avenue  
New York, NY 10010

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