

PREPARED FOR EMPLOYEES OF ALPINE SCHOOL DISTRICT.

New York Life Group Benefit Solutions

Delivering financial security and peace of mind to those we serve
by Putting Benefits To Work For People.SM



GROUP BENEFIT
SOLUTIONS



A compassionate approach that's focused on simplifying the journey for you and your loved ones.



Open enrollment is coming soon. This brochure explains your New York Life Group Benefit Solutions (NYL GBS) coverage options. It outlines what you'll need to know about the benefit offering available to you. You may not need all this information right now, but keep this brochure in a safe place, as you may want to refer back to it later.

The enclosed information will help explain:

- › Details about your benefits
- › How to submit a claim
- › How to contact dedicated resources for help
- › Additional resources that are included with your benefits

To learn more about your coverage under the available plans, please refer to the schedule of benefits and provision details contained in your enrollment materials.

Financial security your family can count on.

New York Life Group Benefit Solutions Basic Term Life insurance.



At New York Life Group Benefit Solutions (NYL GBS), we understand that the emotional stress related to losing a loved one is difficult enough. And while it's hard to think about, would your family have the financial security they'll need if you pass away? NYL GBS Term Life insurance can help offer you peace of mind that your family will not face a financial burden.

Who's eligible?

Class 1 - All active Employees of the Employer regularly working a minimum of 17.5 hours per week who are citizens or permanent resident aliens of the United States.

Employee

- › Benefit amount(s): \$15,000
- › Maximum benefit amount of \$15,000
- › Guaranteed issue amount of \$15,000

Spouse/Domestic Partner[†]

- › Benefit amount(s): \$5,000
- › Maximum benefit amount of \$5,000*
- › Guaranteed issue amount of \$5,000

Children

- › Benefit amount(s): \$5,000
- › Maximum benefit amount of \$5,000
- › Guaranteed issue for all amounts

Benefit reduction schedule: If you are still employed, your benefits will reduce to 65% at age 65, 50% at age 70. Your premiums will also reduce to match your benefits.

What benefits are offered as part of my coverage?

Your basic term life insurance may include access to benefits that can help in certain scenarios, available on your first day of coverage.

Portability

If your employment is terminated and you are under age 75, you can continue your life insurance on a direct-bill basis. Premiums will increase at this time. Coverage can be continued to age 75, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Waiver of Premium

If you become disabled prior to age 60, and you remain disabled continuously for a 9 month period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are disabled.

Accelerated Death Benefit

If you're diagnosed with a terminal illness while the coverage is active, with a life expectancy of 12 months or less, the benefit for terminal illness provides up to:
Employee: \$11,250 of your term life insurance coverage amount.
Spouse: 50% of your term life insurance coverage amount.

What features are included with my coverage?

Your basic term life insurance may include access to a suite of programs² and services, available on your first day of coverage.

Employee Assistance & Wellness Support²

Access to 24/7 emotional support for you and/or family members at no additional cost.

Survivor Assurance³

An interest-bearing account for beneficiary payments of \$5,000 or more.

Financial, Legal & Estate Support²

Professional support for all types of financial, legal or estate issues including tax consultations, credit questions and much more.

How does it work?

If you or a covered family member pass away, you or your beneficiaries will receive a payment for a covered claim. Your coverage is paid for by the employer.

Contact Benefit Coach to review the term life benefits summary and policy documents to learn more about plan details, exclusions and limitations.
Or for more information, call (800) 662-1113 to speak with Benefit Coach / visit <https://americanfidelity.com/support/contact-us/>.

¹ Domestic partner is defined in the group policy. For purposes of this brochure, wherever the term spouse appears, it shall also include domestic partner registered under any state which legally recognizes domestic partnerships or civil unions. Additional information is available from your benefit services representative.

² These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Not available for policies issued by New York Life Group Insurance Company of NY. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law.

³ These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some service available at the option of employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. Services are provided exclusively by ComPsych[®] effective January 1, 2023. ComPsych is solely responsible for its services and is not affiliated with New York Life Insurance Company or any of its affiliates.

³ The Survivor Assurance Program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from New York Life Group Benefit Solutions Life and Accidental Death and Dismemberment programs. Survivor Assurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error. Counseling, legal or financial assistance and discount programs are not available for policies issued by 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. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

Policy forms: Term Life -TL-004700 et al.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

© 2023, New York Life Insurance Company. All rights reserved. NEW YORK LIFE, and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.
123670 b 0423 SMRU5924967.1 (Exp.09.05.2025) Alpine School District SR 66478023-

Offered by Life Insurance Company of North America

Employer-Paid TERM LIFE INSURANCE

Summary of Benefits

Prepared for: Alpine School District
Class 01

Eligibility:

All active Employees of the Employer regularly working a minimum of 17.5 hours per week who are citizens or permanent resident aliens of the United States.

Employee: You will be eligible for coverage the first of the month following date of hire.

Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	\$15,000	\$15,000	\$15,000
Spouse	\$5,000	\$5,000	\$5,000
Children	\$5,000	\$5,000	All amounts

Additional Features:

Continuation of Disability — If your active service ends due to disability, at age 60 or over, your life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: 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.

Extended Death Benefit with Waiver of Premium — The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, 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 a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupation as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Waiver of Premium — If you become Disabled prior to age 60, and you remain Disabled continuously for a 9 month period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. "Disabled" for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable. After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain Disabled. This benefit will remain active until age 70 subject to proof of continuing disability each year.

Accelerated Death Benefit — Terminal Illness — if two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 75% of your Term Life Insurance coverage amount or \$11,250, whichever is less.

Spouse: 50% of your Term Life Insurance coverage amount or \$2,500, whichever is less.

Portability — If your employment is terminated, you can continue your life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 75, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion — To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Important Definitions and Policy Provisions:

When Your Coverage Begins and Ends — Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule – If you are still employed, your benefits and your spouse's benefits will reduce to 65% at age 65 and 50% at age 70.

Spouse reductions are based on spouse age.

Limitations – The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLX 966724. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

Group insurance products are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, affiliates of New York Life Insurance Company. © 2022 New York Life Group Insurance Company, New York, NY. All Rights Reserved. NEW YORK LIFE and the New York Life box logo are trademarks of New York Life Insurance Company.

Created on 06/2022

Be prepared for the unexpected.

New York Life Group Benefit Solutions Basic
Accidental Death and Dismemberment insurance.



Consider the effects a severe injury could have on your ability to work or complete daily tasks. Would your family be prepared if you needed ongoing care, rehabilitation or if you were to pass away as a result of a catastrophic injury?

Accidental death and dismemberment (AD&D) insurance from New York Life Group Benefit Solutions (NYL GBS) can help provide you and your family with financial security and peace of mind at a time when you may need it most.

Who's eligible?

Class 1 - All active Employees of the Employer regularly working a minimum of 17.5 hours per week who are citizens or permanent resident aliens of the United States.

Employee

- › Benefit amount(s): \$15,000
- › Maximum benefit amount of \$15,000

Spouse/Domestic Partner[†]

- › Benefit amount(s): \$5,000
- › Maximum benefit amount of \$5,000

Children

- › Benefit amount(s): \$5,000
- › Maximum benefit amount of \$5,000

Benefit reduction schedule: If you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70. Your premiums will also reduce to match your benefits.



- › **Nearly 2/3** of Americans live paycheck to paycheck.¹
- › Accidents are the **4th leading** cause of death in the U.S.²

¹ Lending Club, "New Reality Check: The Paycheck-to-Paycheck Report." January 2023.
² Centers of Disease Control, "Fastats – Leading Cause of Death." December 2022.

What features are included with my coverage?

Your basic AD&D insurance may include access to a suite of programs¹ and services, available on your first day of coverage.

Employee Assistance & Wellness Support¹

Access to 24/7 emotional support for you and/or family members at no additional cost.

Secure Travel²

Provides pre-trip planning, assistance when traveling, and unlimited medical evacuation and repatriation benefits when traveling 100 miles or more from home.

Financial, Legal & Estate Support¹

Professional support for all types of financial, legal or estate issues including tax consultations, credit questions and much more.

Survivor Assurance³

An interest-bearing account for beneficiary payments of \$5,000 or more.

How does it work?

- › If you or a covered family member are seriously injured or pass away from a covered accident, you or your beneficiaries will receive a payment for a covered claim. Your coverage is paid for by the employer.
- › However, this coverage shouldn't be a replacement for life insurance or primary medical insurance as it provides accident-only coverage.
- › Depending on the severity of an injury, the plan may pay a percentage of the total benefit for a covered accident that doesn't lead to loss of life.

Contact Benefit Coach to review the term life benefits summary and policy documents to learn more about plan details, exclusions and limitations.

Or for more information, call (800) 662-1113 to speak with Benefit Coach / visit <https://americanfidelity.com/support/contact-us/>.

¹ Domestic partner is defined in the group policy. For purposes of this brochure, wherever the term spouse appears, it shall also include domestic partner registered under any state which legally recognizes domestic partnerships or civil unions. Additional information is available from your benefit services representative.

² These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY.

³ Secure Travel is provided under a contract with Generali Global Assistance (GGA). Neither GGA nor New York Life Group Benefit Solutions guarantees the quality of any medical services provider or medical facility. The final selection of a local medical provider or facility is the covered person's right and responsibility. The medical professionals or attorneys suggested or designated by GGA are solely responsible for their services. They are not employees or agents of GGA or New York Life Group Benefit Solutions. Emergency evacuation and repatriation benefits are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Policy Forms: GA-00-1000 et al.; BA-01-1000 et al. Medical evacuation and repatriation services must be arranged by GGA and customers must call GGA to access the benefits and services of the program. All other services are provided by GGA and are subject to the terms of the service agreement with GGA. Presented here are highlights of the Secure Travel program. See the plan documents for details.

³ The Survivor Assurance Program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from New York Life Group Benefit Solutions Life and Accidental Death and Dismemberment programs. Survivor Assurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error. Counseling, legal or financial assistance and discount programs are not available for policies issued by 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. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

© 2023, New York Life Insurance Company. All rights reserved. NEW YORK LIFE, and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company. 123671 a 0423 SMRU5924948.1 (Exp.09.06.2025) Alpine School District

SR 66478023-

Offered by Life Insurance Company of North America

Employer-Paid ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Summary of Benefits

Prepared for: Alpine School District
Class 01

Eligibility:

All active Employees of the Employer regularly working a minimum of 17.5 hours per week who are citizens or permanent resident aliens of the United States.

Employee: You will be eligible for coverage the first of the month following date of hire.

Spouse*: Up to age 75, as long as you apply for and are approved for coverage yourself.

Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum
Employee	\$15,000	\$15,000
Spouse	\$5,000	\$5,000
Children	\$5,000	\$5,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

For Comas — You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

Additional Features:

For Wearing a Seatbelt & Protection by an Airbag — You will receive an additional 10% benefit but not more than \$1,500 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$750 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance — Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

Conversion — If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 5 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Important Definitions and Policy Provisions:

When your coverage begins – Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits and your spouse's benefits will reduce to 65% at age 65 and 50% at age 70. Your premiums will also reduce to match your benefits. Spouse reductions are based on spouse age.

Exclusions – Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • 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, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • 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 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 • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

Limitations – For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 968246. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

Group insurance products are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, affiliates of New York Life Insurance Company. © 2022 New York Life Group Insurance Company, New York, NY. All Rights Reserved. NEW YORK LIFE and the New York Life box logo are trademarks of New York Life Insurance Company.

Created on 06/2022.

Financial security that's with you all the way.

New York Life Group Benefit Solutions Basic Disability insurance.



Consider what would happen if you couldn't work or pay your bills. How might this affect your savings and your lifestyle? Disability insurance from New York Life Group Benefit Solutions (NYL GBS) can help provide the financial security and assurance you'll need if you experience a covered injury or illness that prevents you from working. You'll receive a percentage of your covered earnings for a specified amount of time.

Who's eligible for disability insurance?

Class 1 - All active, Full-time Employees of the Employer classified as a Contract Administrator, Teacher or Classified Employee, regularly working a minimum of 35 hours per week, who are citizens or permanent resident aliens of the United States. Coverage is available for long-term disability (LTD).

Long-term disability	Monthly benefit*	Maximum monthly benefit	Benefit waiting period	Maximum benefit period
	66.67% of your monthly covered earnings	\$10,000	120 days	The later of your Social Security Normal Retirement Age or the maximum benefit period provided in your benefits summary.

What features are included with my coverage?

Your basic disability insurance may include access to a suite of programs¹ and services, available on your first day of coverage.

Healthy Working Life®

Vocational services designed to help you overcome barriers in performing your job and reduce the risk of a disability event, or help you return to work and life after a disability occurs.

Work Wellness

Valuable online resource for you and your family to learn about disability, staying healthy at work, returning to work and programs for healthy living.

Employee Assistance & Wellness Support²

Access to 24/7 emotional support for you and/or family members at no additional cost.

Financial, Legal & Estate Support²

Professional support for all types of financial, legal or estate issues including tax consultations, credit questions and much more.

How does it work?

If you experience a covered injury or illness that prevents you from working, you'll receive a percentage of your covered earnings for a specified amount of time. Your coverage is paid for by the employer.

Contact Benefit Coach to review the term life benefits summary and policy documents to learn more about plan details, exclusions and limitations.

Or for more information, call (800) 662-1113 to speak with Benefit Coach / visit <https://americanfidelity.com/support/contact-us/>.

Pre-existing condition limitation applies to long-term disability – Coverage will not be payable to a condition or injury previously incurred within the last 3 months prior to obtaining coverage and will not be covered for the first 12 months of disability coverage.

*Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section of the policy.

¹ These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Not available for policies issued by New York Life Group Insurance Company of NY. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law.

² These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some service available at the option of employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. Services are provided exclusively by ComPsych® effective January 1, 2023. ComPsych is solely responsible for its services and is not affiliated with New York Life Insurance Company or any of its affiliates.

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. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

Policy forms: Disability -TL-004700 et al.

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

© 2023, New York Life Insurance Company. All rights reserved. NEW YORK LIFE, and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.

123672 b 0423 SMRU5924896.1 (Exp.09.05.2025) Alpine School District

SR 66479358-

Offered by Life Insurance Company of North America

Employer-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared For employees of: Alpine School District
Class 01

Eligibility:

All active, Full-time Employees of the Employer classified as a Contract Administrator, Teacher or Classified Employee, regularly working a minimum of 35 hours per week, who are citizens or permanent resident aliens of the United States.

Employee: You will be eligible for coverage the first of the month following date of hire.

Available Coverage:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
66.67% of your monthly covered earnings	\$10,000	120 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 120 Days before benefits will be paid for a covered Disability.

How Long Benefits Last – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description.

Earnings While Disabled – During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period – Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 964619. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

Group insurance products are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, affiliates of New York Life Insurance Company. © 2022 New York Life Insurance Company, New York, NY. All Rights Reserved. NEW YORK LIFE and the New York Life box logo are trademarks of New York Life Insurance Company.

Created on 06/2022.

Financial security that's with you all the way.

New York Life Group Benefit Solutions Basic Disability insurance.



Consider what would happen if you couldn't work or pay your bills. How might this affect your savings and your lifestyle? Disability insurance from New York Life Group Benefit Solutions (NYL GBS) can help provide the financial security and assurance you'll need if you experience a covered injury or illness that prevents you from working. You'll receive a percentage of your covered earnings for a specified amount of time.

Who's eligible for disability insurance?

Class 2 - All active, part-time Employees of the Employer classified as a Contract Educator regularly working a minimum of 17.5 hours per week, or all active, part-time Employees of the Employer classified as Contract Classified Employees, regularly working a minimum of 20 hours per week, who are citizens or permanent resident aliens of the United States with a Utah Retirement System entry date of July 1, 2011 and classified as Tier 1 under the Utah Retirement System, excluding part-time Employees hired after July 1, 2011 and classified as Tier 2 under the Utah Retirement System.

Coverage is available for long-term disability (LTD).

Long-term disability	Monthly benefit*	Maximum monthly benefit	Benefit waiting period	Maximum benefit period
	60% of your monthly covered earnings	\$6,000	120 days	The later of your Social Security Normal Retirement Age or the maximum benefit period provided in your benefits summary.

What features are included with my coverage?

Your basic disability insurance may include access to a suite of programs¹ and services, available on your first day of coverage.

Healthy Working Life®

Vocational services designed to help you overcome barriers in performing your job and reduce the risk of a disability event, or help you return to work and life after a disability occurs.

Work Wellness

Valuable online resource for you and your family to learn about disability, staying healthy at work, returning to work and programs for healthy living.

Employee Assistance & Wellness Support²

Access to 24/7 emotional support for you and/or family members at no additional cost.

Financial, Legal & Estate Support²

Professional support for all types of financial, legal or estate issues including tax consultations, credit questions and much more.

How does it work?

If you experience a covered injury or illness that prevents you from working, you'll receive a percentage of your covered earnings for a specified amount of time. Your coverage is paid for by the employer.

Contact Benefit Coach to review the term life benefits summary and policy documents to learn more about plan details, exclusions and limitations.
Or for more information, call (800) 662-1113 to speak with Benefit Coach / visit <https://americanfidelity.com/support/contact-us/>.

Pre-existing condition limitation applies to long-term disability – Coverage will not be payable to a condition or injury previously incurred within the last 3 months prior to obtaining coverage and will not be covered for the first 12 months of disability coverage.

*Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section of the policy.

¹ These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Not available for policies issued by New York Life Group Insurance Company of NY. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law.

² These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some service available at the option of employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. Services are provided exclusively by ComPsych® effective January 1, 2023. ComPsych is solely responsible for its services and is not affiliated with New York Life Insurance Company or any of its affiliates.

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. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

Policy forms: Disability -TL-004700 et al.

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

© 2023, New York Life Insurance Company. All rights reserved. NEW YORK LIFE, and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.

123672 b 0423 SMRU5924896.1 (Exp.09.05.2025) Alpine School District

SR 66479358-

Offered by Life Insurance Company of North America

Employer-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared For employees of: Alpine School District
Class 02

Eligibility:

All active, part-time Employees of the Employer classified as a Contract Educator regularly working a minimum of 17.5 hours per week, or all active, part-time Employees of the Employer classified as Contract Classified Employees, regularly working a minimum of 20 hours per week, who are citizens or permanent resident aliens of the United States with a Utah Retirement System entry date of July 1, 2011 and classified as Tier 1 under the Utah Retirement System, excluding part-time Employees hired after July 1, 2011 and classified as Tier 2 under the Utah Retirement System.

Employee: You will be eligible for coverage the first of the month following date of hire.

Available Coverage:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your monthly covered earnings	\$6,000	120 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 120 Days before benefits will be paid for a covered Disability.

How Long Benefits Last – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description.

Earnings While Disabled – During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period – Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 964619. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

Group insurance products are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, affiliates of New York Life Insurance Company. © 2022 New York Life Insurance Company, New York, NY. All Rights Reserved. NEW YORK LIFE and the New York Life box logo are trademarks of New York Life Insurance Company.

Created on 06/2022.

Financial security that's with you all the way.

New York Life Group Benefit Solutions Basic Disability insurance.



Consider what would happen if you couldn't work or pay your bills. How might this affect your savings and your lifestyle? Disability insurance from New York Life Group Benefit Solutions (NYL GBS) can help provide the financial security and assurance you'll need if you experience a covered injury or illness that prevents you from working. You'll receive a percentage of your covered earnings for a specified amount of time.

Who's eligible for disability insurance?

Class 3 - All active, Full-time Employees of the Employer classified as a Contract Administrator, Teacher or Classified Employee, regularly working a minimum of 35 hours per week, who are citizens or permanent resident aliens of the United States hired after July 1, 2011 and classified as Tier 2 under the Utah Retirement System.

Coverage is available for long-term disability (LTD).

Long-term disability	Monthly benefit*	Maximum monthly benefit	Benefit waiting period	Maximum benefit period
	66.67% of your monthly covered earnings	\$10,000	180 days	The later of your Social Security Normal Retirement Age or the maximum benefit period provided in your benefits summary.

What features are included with my coverage?

Your basic disability insurance may include access to a suite of programs¹ and services, available on your first day of coverage.

Healthy Working Life®

Vocational services designed to help you overcome barriers in performing your job and reduce the risk of a disability event, or help you return to work and life after a disability occurs.

Work Wellness

Valuable online resource for you and your family to learn about disability, staying healthy at work, returning to work and programs for healthy living.

Employee Assistance & Wellness Support²

Access to 24/7 emotional support for you and/or family members at no additional cost.

Financial, Legal & Estate Support²

Professional support for all types of financial, legal or estate issues including tax consultations, credit questions and much more.

How does it work?

If you experience a covered injury or illness that prevents you from working, you'll receive a percentage of your covered earnings for a specified amount of time. Your coverage is paid for by the employer.

Contact Benefit Coach to review the term life benefits summary and policy documents to learn more about plan details, exclusions and limitations.

Or for more information, call (800) 662-1113 to speak with Benefit Coach / visit <https://americanfidelity.com/support/contact-us/>.

Pre-existing condition limitation applies to long-term disability – Coverage will not be payable to a condition or injury previously incurred within the last 3 months prior to obtaining coverage and will not be covered for the first 12 months of disability coverage.

*Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section of the policy.

¹ These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Not available for policies issued by New York Life Group Insurance Company of NY. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law.

² These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some service available at the option of employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. Services are provided exclusively by ComPsych® effective January 1, 2023. ComPsych is solely responsible for its services and is not affiliated with New York Life Insurance Company or any of its affiliates.

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. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

Policy forms: Disability -TL-004700 et al.

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

© 2023, New York Life Insurance Company. All rights reserved. NEW YORK LIFE, and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.

123672 b 0423 SMRU5924896.1 (Exp.09.05.2025) Alpine School District

SR 66479358-

Offered by Life Insurance Company of North America

Employer-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared For employees of: Alpine School District
Class 03

Eligibility:

All active, Full-time Employees of the Employer classified as a Contract Administrator, Teacher or Classified Employee, regularly working a minimum of 35 hours per week, who are citizens or permanent resident aliens of the United States hired after July 1, 2011 and classified as Tier 2 under the Utah Retirement System.

Employee: You will be eligible for coverage the first of the month following date of hire.

Available Coverage:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
66.67% of your monthly covered earnings	\$10,000	180 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 120 Days before benefits will be paid for a covered Disability.

How Long Benefits Last – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description.

Earnings While Disabled – During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period – Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 964619. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

Group insurance products are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, affiliates of New York Life Insurance Company. © 2022 New York Life Insurance Company, New York, NY. All Rights Reserved. NEW YORK LIFE and the New York Life box logo are trademarks of New York Life Insurance Company.

Created on 06/2022.

Financial security that's with you all the way.

New York Life Group Benefit Solutions Basic Disability insurance.



Consider what would happen if you couldn't work or pay your bills. How might this affect your savings and your lifestyle? Disability insurance from New York Life Group Benefit Solutions (NYL GBS) can help provide the financial security and assurance you'll need if you experience a covered injury or illness that prevents you from working. You'll receive a percentage of your covered earnings for a specified amount of time.

Who's eligible for disability insurance?

Class 4 - All active, part-time Employees of the Employer classified as a Contract Educator regularly working a minimum of 17.5 hours per week, or all active part-time Employees of the Employer classified as Contract Classified Employees, regularly working a minimum of 20 hours per week, who are citizens or permanent resident aliens of the United States hired after July 1, 2011 and classified as Tier 2 under the Utah Retirement System.

Coverage is available for long-term disability (LTD).

Long-term disability	Monthly benefit*	Maximum monthly benefit	Benefit waiting period	Maximum benefit period
	60% of your monthly covered earnings	\$6,000	180 days	The later of your Social Security Normal Retirement Age or the maximum benefit period provided in your benefits summary.

What features are included with my coverage?

Your basic disability insurance may include access to a suite of programs¹ and services, available on your first day of coverage.

Healthy Working Life®

Vocational services designed to help you overcome barriers in performing your job and reduce the risk of a disability event, or help you return to work and life after a disability occurs.

Work Wellness

Valuable online resource for you and your family to learn about disability, staying healthy at work, returning to work and programs for healthy living.

Employee Assistance & Wellness Support²

Access to 24/7 emotional support for you and/or family members at no additional cost.

Financial, Legal & Estate Support²

Professional support for all types of financial, legal or estate issues including tax consultations, credit questions and much more.

How does it work?

If you experience a covered injury or illness that prevents you from working, you'll receive a percentage of your covered earnings for a specified amount of time. Your coverage is paid for by the employer.

Contact Benefit Coach to review the term life benefits summary and policy documents to learn more about plan details, exclusions and limitations.
Or for more information, call (800) 662-1113 to speak with Benefit Coach / visit <https://americanfidelity.com/support/contact-us/>.

Pre-existing condition limitation applies to long-term disability – Coverage will not be payable to a condition or injury previously incurred within the last 3 months prior to obtaining coverage and will not be covered for the first 12 months of disability coverage.

*Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section of the policy.

¹ These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Not available for policies issued by New York Life Group Insurance Company of NY. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law.

² These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some service available at the option of employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. Services are provided exclusively by ComPsych® effective January 1, 2023. ComPsych is solely responsible for its services and is not affiliated with New York Life Insurance Company or any of its affiliates.

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. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

Policy forms: Disability -TL-004700 et al.

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

© 2023, New York Life Insurance Company. All rights reserved. NEW YORK LIFE, and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.

123672 b 0423 SMRU5924896.1 (Exp.09.05.2025) Alpine School District

SR 66479358-

Offered by Life Insurance Company of North America

Employer-Paid LONG TERM DISABILITY INSURANCE

Summary of Benefits

Prepared For employees of: Alpine School District
Class 04

Eligibility:

All active, part-time Employees of the Employer classified as a Contract Educator regularly working a minimum of 17.5 hours per week, or all active part-time Employees of the Employer classified as Contract Classified Employees, regularly working a minimum of 20 hours per week, who are citizens or permanent resident aliens of the United States hired after July 1, 2011 and classified as Tier 2 under the Utah Retirement System.

Employee: You will be eligible for coverage the first of the month following date of hire.

Available Coverage:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your monthly covered earnings	\$6,000	180 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 120 Days before benefits will be paid for a covered Disability.

How Long Benefits Last – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description.

Earnings While Disabled – During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period – Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 964619. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company, 51 Madison Avenue New York, NY 10010.

Group insurance products are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, affiliates of New York Life Insurance Company. © 2022 New York Life Insurance Company, New York, NY. All Rights Reserved. NEW YORK LIFE and the New York Life box logo are trademarks of New York Life Insurance Company.

Created on 06/2022.

Term Life Insurance

Term Life insurance gives your family financial resources if you pass away while covered under the policy.

How to file a Life claim.

Claims should be reported as early as possible, within a month of the date of loss. Claims can be filed in one of the following ways:



Submit your claim online:

Visit nyl.com/life-and-add-claims to begin a Life claim:

- › Read and agree to the state fraud warnings.
- › Follow the steps to complete the claim form.



File your claim by fax, email, or mail:

Visit nyl.com/customer-forms to find blank/fillable claim forms:

- › Select and complete the "Life and Accidental Death Proof of Loss Form".
- › Print the completed form and submit by fax, email, or mail:
 - » **Email** is the preferred method. Scanned documents can be submitted to claims.pghlif2@newyorklife.com.
 - » **Fax** documents to **(877) 300-6770**.
 - » **Mail** documents to:
New York Life Group Benefit Solutions
Life & Accident Claim Services
P.O. Box 22328
Pittsburgh, PA 15222-0328



File your claim by phone:

Call toll free **(888) 842-4462** between 7:00 a.m. – 7:00 p.m. CT.



Information you'll need:

- › All beneficiary designations on file
- › Assignments, court orders, or any other documents that may affect payment
- › Copy of the death certificate
- › Information you saved when you enrolled
- › Police or medical examiner report, if available/applicable

Questions?

Call **(888) 842-4462** or **(866) 562-8421** (Español) to speak with a customer service representative.

Support to ease the grieving process.

Navigating the grief process can be difficult, and that's why New York Life Group Benefit Solutions is committed to helping families when they need us most. If you are coping with the loss of a loved one, please visit our Survivor Support Services on nyl.com/beneficiary, which may help ease the burden.



Additional Survivor Resources³

Grief support is a priority of the New York Life Foundation, which helps raise public awareness about the impact of grief on families. Resources from the foundation include:

- › **Kai's Journey** is a free film and book series dedicated to children and families who have experienced the death of a loved one. It includes a discussion guide that offers tangible insights and tools to help promote productive conversations about grief.
- › **How we grieve** is a helpful resource explaining the grief process in adults and children and the emotional impacts that take place after a loved one dies.

Visit nyl.com/beneficiary to access our full suite of survivor support resources.

Benefits that deliver more value.

In addition to your insurance plan(s), you and members of your household may be able to access additional programs and services that offer help and support.⁴ They're included with your plan(s) – so you're automatically enrolled. It's our way of saying thanks for being a valued customer and one more way we're Putting Benefits To Work For PeopleSM.



Financial, Legal & Estate Support⁵

Professional support for all types of pressing financial, legal, or estate issues; includes law consultations, tax consultations, credit and tax questions and much more. Assistance includes identity theft, and fraud resolution services, and online tools for state-specific wills and other important legal documents. To learn more, call **(800) 344-9752** or visit online at guidanceresources.com, Web ID: NYLGBS.



Employee Assistance & Wellness Support⁵

Emotional support for you and/or family members at no additional cost. Access is available 24 hours a day, seven days a week. Includes work/life assistance, coaching, online articles, resources and videos for work/life issues. To learn more, call **(800) 344-9752** 24/7 or visit online at guidanceresources.com, Web ID: NYLGBS.



Secure Travel⁶

Take advantage of a worldwide travel assistance program, including unlimited medical evacuation and repatriation benefits. To learn more, call **(347) 708-1824**.



Survivor Assurance⁷

Provides an interest-bearing account for beneficiary payments of \$5,000 or more. Beneficiaries have access to New York Life Employee Assistance Wellness Support and Financial, Legal & Estate Support programs. NYL GBS will send a package of information about the account as well as other valuable programs to help life and AD&D insurance beneficiaries cope during a difficult time.

Thanks for choosing New York Life Group Benefit Solutions.
Remember to save this brochure for future reference.

Putting Benefits To Work For People.SM

¹ The information contained herein does not constitute legal advice or a legal opinion on any specific facts or circumstances. The contents are intended for general information purposes only, and you are urged to consult a lawyer concerning your own situation and any specific legal questions you may have. New York Life Group Benefit Solutions assumes no responsibility for any circumstances arising out of the use, misuse, interpretation or application of any information supplied in this publication. For FMLA information, see www.dol.gov/agencies/whd/fmla.

² Available to anyone for use and not subject to having a policy or being a current client.

³ These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Not available for policies issued by New York Life Group Insurance Company of NY. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law.

⁴ These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych[®] Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some service available at the option of employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. The partnership is between New York Life Insurance Company and ComPsych[®] Corporation. ComPsych[®] is not affiliated with New York Life Insurance Company or any of its affiliates.

⁵ NYL GBS Secure Travel is provided under a contract with Garda World Security Corporation and their subsidiary, Crisis24, Inc. (collectively, "Crisis24"). Neither Crisis24 nor New York Life Group Benefit Solutions guarantees the quality of any medical services provider or medical facility. The final selection of a local medical provider or facility is the covered person's right and responsibility. The medical professionals or attorneys suggested or designated by Crisis24 are solely responsible for their services. They are not employees or agents of Crisis24 or New York Life Group Benefit Solutions. Emergency evacuation and repatriation benefits are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. (Policy Forms: GA-00-1000 et al.; BA-01-1000 et al.) Medical evacuation and repatriation services must be arranged by Crisis24 and customers must call Crisis24 to access the benefits and services of the program. All other services are provided by Crisis24 and are subject to the terms of the service agreement. Presented here are highlights of the NYL GBS Secure Travel program. See the plan documents for details.

⁶ The Survivor Assurance Program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from New York Life Group Benefit Solutions Life and Accidental Death and Dismemberment programs. Survivor Assurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error. Counseling, legal or financial assistance and discount programs are not available for policies issued by New York Life Group Insurance Company of NY.

Policy forms: Disability & Term Life - TL-004700 et al; Accident - GA-00-1000.00 et al. - (GBS-CI-1000.00) et al; Hospital Indemnity (GBS-HI-1000.00) et al.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America, New York Life Group Insurance Company of NY or New York Life Insurance and Annuity Corporation, subsidiaries of New York Life Insurance Company. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

© 2025, New York Life Insurance Company. All rights reserved. NEW YORK LIFE, and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.

893809 d 0824 SMRU5015585.3 Exp.05.22.2028

Alpine School District 68493932-155393519