

# Financial security your family can count on.

## New York Life Group Benefit Solutions Voluntary 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 protection they'll need if you pass away? NYL GBS Term Life insurance can help offer you peace of mind knowing that your family's financial security can be more protected, so they can worry less about unexpected financial burdens at a difficult time. Once enrolled, if you or a covered family member pass away, you or your beneficiaries will receive a payment for a covered claim.

### Who's eligible and how much coverage can I buy?

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.

During this year's open enrollment, all eligible employees may increase or elect voluntary life insurance coverage up to a guaranteed maximum amount of \$200,000<sup>1</sup> and your spouse/domestic partner<sup>†</sup> is eligible for up to a guaranteed maximum amount of \$50,000, without having to answer any medical questions.<sup>1</sup>

#### Employee

- › Benefit amounts available in units of \$10,000
- › Minimum benefit amount of \$10,000
- › Maximum benefit amount of \$500,000
- › Guaranteed issue amount of \$200,000

#### Spouse/Domestic Partner<sup>†</sup>

- › Benefit amounts available in units of \$10,000
- › Maximum benefit amount of \$500,000\*
- › Guaranteed issue amount of \$50,000

\* Not to exceed 100% of the employee benefit.

#### Children

- › Benefit amounts available in units of \$2,500
- › Maximum benefit amount of \$10,000
- › Guaranteed issue for all amounts

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

## What benefits are offered as part of my coverage?

Your voluntary 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. 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.

### 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: \$250,000 of your term life insurance coverage amount.  
Spouse: 50% of your term life insurance coverage amount.

## What features are included with my coverage?

Your voluntary term life insurance may include access to a suite of programs<sup>2</sup> and services, available on your first day of coverage.

### Employee Assistance & Wellness Support<sup>2</sup>

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

### Survivor Assurance<sup>3</sup>

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

### Financial, Legal & Estate Support<sup>2</sup>

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

## How does it work?

After you select a coverage amount and enroll in NYL GBS Term Life insurance, you'll pay for your chosen coverage amount through convenient payroll deductions.

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/>.

<sup>1</sup> 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.

<sup>2</sup> If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply. Coverage will not be issued until the insurance company approves acceptable proof of good health.

<sup>3</sup> 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.

<sup>3</sup> 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. 123460 d 0423 SMRU5924976.1 (Exp.09.08.2025) Alpine School District SR 66478023-

Offered by Life Insurance Company of North America

## Employee-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\*:** 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	Guaranteed Issue Amount
Employee	Units of \$10,000, minimum benefit amount of \$10,000	\$500,000	\$200,000
Spouse	Units of \$10,000	\$500,000 not to exceed 100% of the employees benefit	\$50,000
Children	Units of \$2,500	\$10,000	All amounts

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

#### 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.

**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: 50% of your Term Life Insurance coverage amount or \$250,000, whichever is less.

Spouse: 50% of your Term Life Insurance coverage amount or \$250,000, 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.

## Employee's Monthly Cost of Coverage:

Age	Employee Cost Per \$1,000		Spouse Cost Per \$1,000		Age	Employee Cost Per \$1,000		Spouse Cost Per \$1,000	
	Non-Smoker	Smoker	Non-Smoker	Smoker		Non-Smoker	Smoker	Non-Smoker	Smoker
0-19	\$0.063	\$0.095	\$0.063	\$0.095	60-64	\$0.660	\$0.693	\$0.660	\$0.693
20-24	\$0.063	\$0.095	\$0.063	\$0.095	65-69	\$1.270	\$1.270	\$1.270	\$1.270
25-29	\$0.063	\$0.095	\$0.063	\$0.095	70-74	\$2.060	\$2.100	\$2.060	\$2.100
30-34	\$0.080	\$0.095	\$0.080	\$0.095	75-79	\$2.060	\$2.100		
35-39	\$0.090	\$0.126	\$0.090	\$0.126	80-84	\$2.060	\$2.100		
40-44	\$0.105	\$0.158	\$0.105	\$0.158	85-89	\$2.060	\$2.100		
45-49	\$0.168	\$0.252	\$0.168	\$0.252	90-94	\$2.060	\$2.100		
50-54	\$0.231	\$0.347	\$0.231	\$0.347	95-99	\$2.060	\$2.100		
55-59	\$0.430	\$0.588	\$0.430	\$0.588					

Child Cost Per \$1,000 = \$0.200

Actual per pay period premiums may differ slightly due to rounding. All spouse rates are based on spouse age. Rates vary by age and may be subject to change in the future. Benefits will reduce based on age (see Benefits Reduction Schedule for details).

## How to Calculate Your Monthly Cost:

**Step 1:** Use the chart above to find your **Monthly** rate based on your age as of your effective date.

**Step 2:** Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employee and/or dependents.

**Step 3:** The result is the **Monthly** cost.

## 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.

**Exclusions** – Voluntary life insurance will not be paid if you commit suicide, while sane or insane, within the first two years of coverage.

**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. 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.

## Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable proof of good health.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.

**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.

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# Be prepared for the unexpected.

New York Life Group Benefit Solutions Voluntary  
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 financial security and peace of mind at a time when you may need it most.

## Who's eligible, and how much coverage can I buy?

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 amounts available in units of \$10,000
- › Maximum benefit amount of 5 times annual compensation or \$500,000

### Spouse/Domestic Partner<sup>†</sup>

- › Benefit amount(s) available: 50% of employee amount or 60% if no dependent children
- › Maximum benefit amount of \$300,000

### Children

- › Benefit amount(s) available: 25% of employee amount
- › Maximum benefit amount of \$75,000

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 employee age.



## What features are included with my coverage?

Your voluntary AD&D insurance may include access to a suite of programs<sup>1</sup> and services, available on your first day of coverage.

### Employee Assistance & Wellness Support<sup>1</sup>

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

### Secure Travel<sup>2</sup>

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 Support<sup>1</sup>

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

### Survivor Assurance<sup>3</sup>

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

## How does it work?

- › After you select a coverage amount and enroll in AD&D insurance from New York Life Group Benefit Solutions, you'll pay for your chosen coverage amount through convenient payroll deductions.
- › Once enrolled, if you or a covered family member are seriously injured or pass away from a covered accident, you or your beneficiaries will receive a set amount.
- › 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/>.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>3</sup> 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.

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Offered by Life Insurance Company of North America

## Employee-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	Units of \$10,000	Lesser of 5 Times Salary or \$500,000
Spouse	50% of employee amount or 60% if no dependent children	50% of employee amount or 60% if no dependent children to a maximum of \$300,000
Children	25% of employee amount or 25% if no spouse	25% of employee amount or 25% if no spouse to a maximum of \$75,000

#### 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 \$16,667 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 \$8,333 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.

**For Rehabilitation** — If you or an insured family member incur rehabilitative expenses within 2 years of the date of a Covered Accident, we will pay an additional 1% of the benefit amount, subject to a maximum of \$2,400 for each Covered Accident.

**For Furthering Education** — If you die in a covered accident, we will pay an extra benefit for each insured child who enrolls in a school of higher learning within one year of your death. We will increase your benefit by 5% or \$5,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.

## Additional Features — continued

If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

**For Child Care Expenses** — If you die as a result of a covered accident, we will pay a benefit for a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterwards. This benefit is 5% of your benefit amount per year, but not more than \$5,000 per year for 4 years or until the child turns 13, whichever occurs first, for each covered child.

**For Training for Your Spouse** — If you die from a covered accident, your spouse will receive educational reimbursement if he or she enrolls, within 3 years of your death, in an accredited school to gain skills needed for employment. We will pay the actual cost of the education or training program to 100% of your benefit amount, not exceeding \$5,000.

**For Victims of Crime** — Additional 10% benefit but not more than \$50,000 if you suffer a covered loss during a felonious assault at work or while traveling on company business. Felonious assault includes robbery, holdup or attempted holdup, or kidnapping during a holdup. Assaults by fellow or former employees or members of your family or household are not covered.

**For Dual Accidents** — If you have elected coverage for your family members and, as a result of the same covered accident or separate covered accidents that occur within the same 24-hour period, you and your insured spouse die, we will increase your spouse's benefit amount to 100% of yours. You and your spouse must be survived by one or more dependent children. The benefit amount cannot exceed \$250,000.

**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.

## Your Monthly Cost of Coverage:

Employee Only Cost Per \$1,000 = \$0.025

Employee and Family Cost Per \$1,000 = \$0.030

*Actual per pay period premiums may differ slightly due to rounding. Benefits will reduce on age (see Benefits Reduction Schedule for details).*

*Rates may be subject to change in the future.*

## How to Calculate Your Monthly Cost of Coverage:

**Step 1:** Find the above Monthly rate.

**Step 2:** Multiply this rate by your desired coverage amount, in units. Reference the information above to find the appropriate unit amounts for employee and/or dependents.

**Step 3:** The result is the Monthly cost.

## 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.

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