

Offered by Life Insurance Company of North America

Employer-Paid

TERM LIFE INSURANCE

Summary of Benefits

Prepared for: NYL GBS Benefit Summary Proof CL1 Flat Flat Flat Independent

Eligibility:

All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week.

Employee: You will be eligible for coverage immediately.

Spouse*: Up to age 70, as long as you apply for and are approved for coverage yourself.

Child(ren): Birth to 19, or age 26 if a full-time student, 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

	Ben "it Amo nt	Maximum	Guaranteed Issue Amount
Employee	\$50,00	\$50,000	\$50,000
Spouse	\$5,000	\$5,000	\$5,000
Children	\$5,000		\$500; under All amounts
		months old \$1,000	

Additional Features:

Continuation of Disability — If your active service ends due to dis our life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which p aid. You considered disabled if, because of injury or sickness, ınium' you are unable to perform all the material duties of your Regular Occupation of your **Extended Death Benefit with Waiver of Premium** — The extended death benefit continued. g d<u>isa</u>bility benefits under your Emplóyér's plan. age without payment of premium, before you're e 60. "Disabled" means, because of injury or sickness, eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior 1 you are unable to perform all the material duties of your regular occupation, or you are reg g disability benefits under a program sponsored by your Émployer. Regular Occupation means the occupation you routinely performed at the t your Disability bee We/the insurance company will consider the duties of your occupations as those that are normally performed in the genethis benefit and have insured your spouse or children, the insurance company will also exten abor markeť i nal economy. If you qualify for if application

Waiver of Premium — If you become Disabled prior to age 60, and you remain Disabled continuous for a 95 enth period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company detentue(s) your 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. Sereafter, 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 65 subject to proof of continuing disability each year.

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: 50% of your Term Life Insurance coverage amount or \$25,000, 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 70, 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.

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

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 will reduce to 65% at age 65, 45% at age 70, 30% at age 75 and 20% at age 80. Your premiums will also reduce to match your benefits. Spouse reductions are based on employee age. **Limitations** – The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under

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. NYL 111111. 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 sections 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 talk preceduce. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance contained in the group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madis. Avenu. New Y. X., NY 10010.

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