GROUP BENEFIT SOLUTIONS

Now is the Time…

…to convert your group accident insurance to an individual policy.

This document describes the Accidental Death and Dismemberment (AD&D) insurance coverage (including Family coverage) available to persons who are no longer eligible for insurance under a New York Life Group Benefit Solutions (NYL GBS) Accident Policy.

Take advantage of this opportunity NOW!

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Now is the Time!

Because…

YOU UNDERSTAND the value of Accident Insurance. You've been enrolled in a Group Accident Insurance Policy (AD&D) with New York Life Group Benefit Solutions (NYL GBS), secure in the knowledge that your family will have the advantage of financial assistance in the event of a covered accident which results in death or dismemberment.

Because…

WE UNDERSTAND your interest in continuing your Accident Insurance protection without interruption. If you are under age 70, NYL GBS is providing this opportunity to convert all or part of your current AD&D coverage. You may convert your coverage when your group accident insurance coverage terminates because you have ceased to be eligible or you have terminated employment with the policyholder. You may also convert if the group accident insurance policy has been terminated by your employer or amended to terminate insurance for your class, and is available for all insureds who meet the requirements of the Policy. Please refer to your Certificate of Insurance for details.

Because…

IT'S EASY TO CONVERT TO INDIVIDUAL COVERAGE. You may enroll for this coverage without providing medical or other evidence of good health, by submitting a completed application along with your check or money order for the initial premium payment by the deadline stated in your certificate of insurance (which will not be less than 31 days from your last day worked).

Your Converted Policy…

will be effective on the day following the date coverage ended under your group insurance policy or the date application is made, if later. The insurance pays for loss caused by, and occurring within one year after, a covered accident:

Loss of

Life	Principal Sum
Two or more members*	Principal Sum
One Member	One-Half Principal Sum
Thumb and index finger of same hand	One-Quarter Principal Sum

*"Member" means hand, foot or eyesight.

Only one amount, the largest to which you are entitled, is payable for all losses resulting from one accident.

General Information

The policy is renewable with the Insurance Company consent until you reach age 70. The Insurance Company may change renewal premium rates only on a class basis, not an individual basis.

You may cancel at any time after the policy's original term.

Note: This individual accident insurance is not available if the Insurance Company has already issued you an individual AD&D policy converted from the same employer's plan.

Family Plan

If you are an employee whose group AD&D coverage has terminated, you may elect Family Plan coverage, whether or not you insured dependents under the group policy. Family Plan coverage includes the following dependents:

1. Your spouse, if under age 70.
2. Your unmarried dependent children who are under age 19 (under age 25 if a full time student). Eligible children include your natural children (from date of birth), adopted children (from date of placement) and step-children, provided their principal residence is with you, and they chiefly rely on you for support or maintenance.

If you had dependents insured under the group policy that are not eligible under the Family Plan coverage, each of those dependents may elect his or her own individual AD&D conversion policy. For example, a domestic partner who was insured under the group policy, or an insured child who doesn't meet the above definition, can apply for an individual AD&D conversion policy. In addition, if you do not elect Family Plan coverage, any dependent who was insured under the group policy, and who is no longer eligible (because of your termination of employment, divorce, child no longer eligible, etc.) can apply for an individual AD&D conversion policy.

If you insure your spouse and/or dependent child/ren under the Family Plan, the amount of insurance applicable to members of the family is based on the composition of the family at the time of loss, and is expressed as a percentage of your Principal Sum, as follows:

1) At the time of accident the family consists of You, Your Spouse and Dependent Children
   Insured 100%
   Spouse.....40%
   Each Child.....10%

2) At time of accident the family consists of You and Your Spouse but NO Dependent Children
   Insured 100%
   Spouse.....50%

3) At time of accident the family consists of You and Your Dependent Child/ren but NO Spouse
   Insured 100%
   Each Child.....15%

> ***Example:*** Under the Family Plan, your benefit is $100,000.
> The family consists of you, your spouse, and three children.
>
> Your Amount $100,000.00
> Your Spouse's Amount 40,000.00
> Each Child's Amount 10,000.00

Selection of your Principal Sum

The amount you may apply for is dependent upon the reasons the current NYL GBS insurance policy or any portion of it ended. Below is eligibility information on what you may apply for based on the reasons your NYL GBS accident plan is ending. Please refer to the eligibility rules that apply to you.

<u>If your insurance or any portion of it ends for any of the following reasons:</u>

a. employment termination or;
b. termination of membership in an eligible class.

You may apply for an amount of coverage that is:

a. in $1,000 increments;
b. not less than $25,000, regardless of the amount of insurance under the group accident policy; and
c. not more than the amount of insurance that is terminating under the group accident policy, except as provided above, up to a maximum amount of $250,000.

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Limitations and Exclusions

No benefits will be paid for loss resulting from:

1. Intentionally self-inflicted injuries or any attempt thereat, while sane or insane (in Missouri, while sane).
2. Declared or undeclared war or act of war.
3. Accident occurring while the Insured is serving on full-time active duty for more than 30 days in any Armed Forces. (Send us proof of service. We will refund any premiums paid for this time.) (Reserve or National Guard active duty for training is not excluded.)
4. Travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface if:
   A. The aircraft or device is used:
      1) For test or experimental purposes; or
      2) By or for any military authority. (Aircraft flown by the U.S. Military Airlift Command (MAC) or similar service of another country are not excluded); or
      3) For travel, or is designed for travel, beyond the earth's atmosphere; or
   B. The Insured is:
      1) Serving as a pilot or crew member (or student taking a flying lesson) and is not riding as a passenger; or
      2) Hang-gliding; or
      3) Parachuting, except where the Insured has to make a parachute jump for self-preservation.
5. Commission of a felony by the Insured.
6. Sickness, disease, bodily or mental infirmity, or medical or surgical treatment thereof or bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound, or accidental food poisoning.

Your Costs

Accidental Death and Dismemberment
Annual Premium Schedule

UNDER AGE 65		
PRINCIPAL SUM*	**INSURED ONLY**	**INSURED & FAMILY**
25,000	31.25	45.00
50,000	62.50	90.00
100,000	125.00	180.00
150,000	187.50	270.00
200,000	250.00	360.00
250,000	312.50	450.00
AGE 65 UNTIL AGE 70		
PRINCIPAL SUM*	**INSURED ONLY**	**INSURED & FAMILY**
25,000	46.25	67.50
50,000	92.50	135.00
100,000	185.00	270.00
150,000	277.50	405.00
200,000	370.00	540.00
250,000	462.50	675.00

***** See the section labeled "**Selection of Your Principal Sum**" to determine the Principal Sum you are eligible to apply for.

If your terminating Principal Sum is not shown in the schedule above you can calculate your premium using the instructions under "To Calculate Your Premium" section.

To Calculate Your Premium

Example: If the Principal Sum on your terminating group accident policy is $75,000,

Under Age 65

Insured Only: $75,000 divided by 1,000=75. 75 multiplied by **$1.25 per year****=$93.75 of annual premium. Insured & Family: $75,000 divided by 1,000=75. 75 multiplied by **$1.80 per year****=$135.00 of annual premium.

Age 65 Until Age 70

Insured Only: $75,000 divided by 1,000=75. 75 multiplied by **$1.85 per year****=$138.75 of annual premium. Insured & Family: $75,000 divided by 1,000=75. 75 multiplied by **$2.70 per year****=$202.50 of annual premium.

**Rate per $1,000 per year.

If you wish to pay the premium semi-annually or quarterly, please note:

For a Principal Sum of $50,000 or more, you may pay the premium semi-annually by dividing the annual premium by 2.

For a Principal Sum of $100,000 or more, you may pay the premium quarterly by dividing the annual premium by 4.

Example: If your Principal Sum is $100,000, you have the family coverage, and your attained age is 55, your total quarterly premium for you and your family equals $45.00.

The completed application and premium must be sent to the address shown on the application by the deadline stated in your certificate of insurance. Please note that the application includes a section that must be completed by your employer. This may have been filled out by your employer before it was given to you. If it is blank, please go ahead and submit the application without this section completed, we will obtain the required information from your employer. If you received a cover letter from a NYL GBS customer service center, or your former employer, please provide that letter instead.

If you have any questions or need assistance in completing the application, please call our toll-free number 1-800-441-1832, Monday through Friday, 8:00 am to 4:00 pm (EST).

Application for Conversion of Accidental Loss of Life, Limb or Sight Coverage to an Individual Policy

Life Insurance Company of North America
New York Life Group Insurance Company of NY

NEW YORK LIFE GROUP BENEFIT SOLUTIONS

The following information must be completed by the Insured or the Owner of this coverage, if coverage was previously assigned. If your basic and voluntary group policies were issued under two separate group policy numbers and you wish to convert both, two separate applications must be completed. Copies of this form are acceptable.

Employer Name:		Group Policy #:
Insured/Owner Name *(Last, First, MI)*:		Relationship to Employee:
Address *(Street, City, State, Zip Code)*:		
Date of Birth *(Month/Day/Year)*:	Telephone Number:	Social Security Number:

- **Total amount of Accidental Death and Dismemberment Coverage you wish to convert*: $** _____
  Family Coverage ☐ **Yes** ☐ **No**
  *Please note: this amount cannot exceed the amount you had under the Group Policy, to a maximum of $250,000.00.
- **I wish to pay premiums:** ☐ **Annually** ☐ **Semi-annually** ☐ **Quarterly**
- **Amount of payment submitted with this application (minimum is quarterly) $** _____ **, check #** _____

Beneficiary Information – Primary and Contingent Beneficiaries - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Beneficiary Name	Percentage Total: 100%	Social Security Number	Date of Birth *(Month/Day/Year)*	Relationship
	%			
	%			
Contingent Beneficiary Name	**Percentage Total: 100%**	**Social Security Number**	**Date of Birth *(Month/Day/Year)***	**Relationship**
	%			
	%			

If you need additional space for your beneficiaries – sign, date, and attach a separate sheet of paper using the above format.
Spouse's Beneficiary: Loss of life benefits will be paid to the owner. All other benefits will be paid to the spouse.
Child's Benefits: Loss of life and all other benefits will be paid to the owner.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs in the space provided below .

Spouse Signature: _____ Date: _____
Month/Day/Year

I have read the above statements and agree that they are accurate and complete to the best of my knowledge and belief. I understand that this insurance will be issued on reliance upon such statements. I further agree that while my application to convert under the terms of the group policy is being reviewed, the Insurance Company may deposit the payment submitted with the application. If I am later determined not to be eligible to convert my group insurance, the sole obligation of the Insurance Company shall be to refund the premiums paid.

Signature of Insured/Owner: _____ Date: _____
Month/Day/Year

Complete this application and mail along with your check and employer verification section or coverage verification letter to:

Life Insurance Company of North America ***(Please make check payable to LINA)***
P.O. Box 786020
Philadelphia, PA 19178-6020

Overnight Address only:
New York Life Group Benefit Solutions (NYL GBS)
101 North Independence Mall East
Lockbox 786020
Philadelphia PA 19106

If you have any questions or need assistance in completing the application, please call our toll-free number 1.800.441.1832, Monday through Friday, 8:00 a.m. to 4:00 p.m. (EST).

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Employer Notice of Right to Convert Group Accidental Death & Dismemberment (AD&D) Insurance

Life Insurance Company of North America
New York Life Group Insurance Company of NY

This Section must be completed by the Employer/Policyholder

Employer/Policyholder Name: _____ Basic Group Policy #: _____

Voluntary Group Policy #: _____

Name of Employee: _____ Class #: _____

Date of Hire: _____ *Month/Day/Year* Last Day Worked: _____ *Month/Day/Year* Employment Termination Date: _____ *Month/Day/Year*

Salary as of the Employee's last day worked: _____ Effective Date of Salary: _____ *(Month/Day/Year)* Group Coverage End Date: _____ *(Month/Day/Year)*

Reason for Termination of Coverage:

☐ Termination of Employment

☐ Other (Specify) _____ (Ex. Leave of Absence, FMLA)

☐ Cancellation of Group Policy

Amount of Terminated Group Accident Insurance Eligible for Conversion:

Employee Basic Amount $ _____ Effective Date of Employee Basic Coverage: _____ *Month/Day/Year*

Employee Voluntary Amount $ _____ Effective Date of Employee Voluntary Coverage: _____ *Month/Day/Year*

Premium Paid through Date for: Basic AD&D: _____ *Month/Day/Year* and/or Voluntary AD&D: _____ *Month/Day/Year*

Employee and Family Plan:* ☐ Yes ☐ No If "Yes" please complete below:

Spouse Voluntary Amount* $ _____ Effective Date of Spouse Voluntary Coverage: _____ *Month/Day/Year*

Child Voluntary Amount* $ _____ Effective Date of Child Voluntary Coverage: _____ *Month/Day/Year*

**If your group policy provided dependent spouse/child coverage under a Family Plan, please indicate the applicable benefit percentage in effect as of the coverage term date. (Ex. 50%, 100%)*

Verification provided by:

_____ *Employer/Policyholder Signature* _____ *Title* Date: _____ *Month/Day/Year*

E-mail Address: _____ Telephone #: _____

Important Information to Employer/Policyholder:

1. Has an assignment been recorded on any of these coverages? ☐ Yes ☐ No
   a. If an assignment has been recorded for the coverage, you will need to provide notice to the assignee and not the employee
2. Make a copy of this form for your file. This is for your own protection to ensure proper notification has been given.
3. This form must be completed in its entirety. If any portion is incomplete or incorrect, it could result in delays or rejection of this valuable coverage for the employee and/or his/her dependents.

CLEAR FORM

CLICK TO PRINT

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