

# Group Term Life Insurance



## Why should I choose NYSSCPA Group Term Life Insurance over another life insurance policy?

NYSSCPA Group Term Life Insurance is an ideal choice for individuals who have short-term financial obligations or young families on a tight budget. It provides straightforward, economical coverage with rates that start low and increase in five-year age bands as you get older—allowing you to help protect your loved ones at a fraction of the cost!

## Who is eligible for coverage?

All NYSSCPA members, their spouses/domestic partners, and their employees who are under age 70 may apply for this coverage. Your spouse/domestic partner may even apply if you don't! Your unmarried, dependent children are also eligible for coverage, provided you are currently insured or applying with them.

## How much coverage is available?

You, your spouse/domestic partner, and your employees may apply for \$25,000 to \$1,000,000 in coverage (in \$25,000 multiples)\*. Your children age 6 months to 21 years (25 if full-time student) may be insured for \$5,000 (\$4,000 if you are a tobacco-user); age 15 days to 6 months may be insured for \$1,000. (Dependent age varies by state.)

\*At age 70, coverage reduces by 50%, with a corresponding reduction in premium.

## Are there any special features offered with this plan?

### **Terminal Illness (Accelerated) Benefit**

If you have been covered under the plan for at least 180 days, are under age 70, and are diagnosed with a terminal illness with a life expectancy of six months or less, the terminal illness (accelerated) benefit would allow you to receive an advance payment of up to 60% of your in-force life insurance amount, which must be at least \$50,000, less the discount.

All money received under this benefit is yours to spend as you see fit, whether you choose to pay for medical bills, take care of financial obligations, or simply maintain your quality of living. However, full premiums will continue to be payable and the amount received at the time of the insured's death will be reduced by any payment made under this benefit. For additional details and limitations, please see the Certificate of Insurance. Please note that receipt of terminal illness (accelerated) benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult your personal tax advisor. Proof of the terminal illness must be certified by a licensed physician and in a form that is satisfactory to United States Life.

### **Waiver of Premium**

While insured under this Term Life Plan, if you become totally disabled prior to attaining age 60 and remain so for at least six consecutive months, premiums due thereafter for you and your

family will be waived during the continuance of such Total Disability. The Waiver of Premium benefit will continue each year to age 70 if Total Disability continues and the insurance company receives the required proof of disability three months before each year ends.

### Will I be required to have a medical exam to be approved for coverage?

One of the great features of NYSSCPA Group Term Life Insurance is that you may apply for up to \$250,000 of coverage with no health exams or tests usually required.\* Your answers to the questions on the application are typically all that is needed to secure this amount. However, larger amounts of coverage will require a medical exam.

*\*Issuance of a Certificate of Insurance or payment of benefits may depend upon the answers given in the application and the truthfulness of those answers. Pre-existing conditions limitations may apply.*

### How much coverage should I apply for?

Many financial planners recommend having five to nine times your annual income in life insurance. To help you figure out exactly how much life insurance you and your family may need, we have provided you with our Life Insurance Coverage Calculator to help you work through anticipated financial needs. Remember, life insurance not only helps cover immediate expenses; it can also help safeguard long-term plans such as paying off the mortgage or sending your children to college.

### Life Insurance Coverage Calculator:

#### 1) Figure Total One-Time Costs

Begin by evaluating any outstanding debt you currently have, any one-time expenses that will need to be paid, and any burial/estate expenses you may have to incur.

It is important that your life insurance cover as much of these costs as possible to avoid leaving your loved ones with large, outstanding bills to pay.

<b>Outstanding Debts</b> (Mortgage balance, auto and school loans, credit cards, etc.)	\$ _____
<b>One-Time Expenses</b> (College fund, relocation/special needs, six-month emergency fund, etc.)	+ \$ _____

<b>Final Costs</b> (Medical, hospital, and funeral expenses, attorney fees, estate taxes, etc.)	+ \$ _____
<b>Total One-Time Costs</b>	= \$ _____

#### 2) Figure Total Ongoing Expenses

Next, you will need to compare your projected survivor's income against your current living expenses.

<b>Projected Survivor's Income</b>	\$ _____
<b>Survivor's Social Security Benefit</b>	+ \$ _____
<b>Living Expenses</b> (Food, daycare, tuition, retirement, etc.; after you arrive at a total, multiply that figure by 0.8 to adjust for the fact that your family's living expenses will reduce by 20% after you are gone.)	- \$ _____
<b>Deficit/Surplus</b>	= \$ _____
<b>Years of Need</b>	x \$ _____
<b>Total Ongoing Expenses</b>	= \$ _____

#### 3) Figure Total Current Assets

Then, you will need to total your current assets—property that will liquidize into cash after you are gone such as other life insurance policies.

<b>Other Life Insurance Proceeds</b>	\$ _____
<b>Income Producing Assets</b>	+ \$ _____
<b>Total Assets</b>	= \$ _____

#### 4) Figure Total Policy Amount Needed

Finally, add together all your costs, subtract your assets, and the remaining number will be the total life insurance benefit for which you should consider applying.

<b>Total One-Time Costs</b>	\$ _____
<b>Total Ongoing Expenses</b>	+ \$ _____
<b>Total Current Assets</b>	- \$ _____
<b>Total Policy Amount Needed</b>	= \$ _____

## How do I apply?

To apply for NYSSCPA Group Term Life Insurance, simply select the amount of coverage you wish to apply for, download and complete the Term Life Insurance application form, and return it to:

NYSSCPA Member Insurance Program  
1200 East Glen Avenue  
Peoria Heights, IL 61616-5348

Send no money now! Upon acceptance, we will bill you for your first premium payment.

## Details of This Coverage

### 30-Day Free Look

If you are not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

### Eligibility Requirements

All NYSSCPA members, their spouses/domestic partners, and their employees are eligible to apply for this coverage, provided they are under age 70. Acceptance is subject to evidence of insurability as determined by the underwriting company.

### Effective Date

Coverage will begin on the first day of the month following the date your application is approved, provided the premium has been paid. You and your spouse/domestic partner must be able to perform the normal duties of a person with like age and sex, with like occupational or retired status on the date insurance is to take effect. An employee must be actively at work at least at 20 hours a week on the date insurance is to take effect. If these conditions are not met, such insurance will take effect on the date the person resumes such normal activities or actively-at-work status. If a dependent child is hospitalized on the date insurance is to take effect, insurance will take effect on the day after he or she is discharged.

### Beneficiary

You may select any person, persons, trust, or other legal entity as your beneficiary and as your spouse's/domestic partner's beneficiary. You may change your beneficiary, unless

irrevocable, at any time, by submitting a written request on a form satisfactory to the United States Life's home office. Once the change is made to the record, it will take effect as of the date of your written request.

### Non-Tobacco User Discount

You may qualify for lower non-tobacco user rates, provided you have not used any tobacco or nicotine products during the last 12 months.

### Terminal Illness (Accelerated) Benefit Discount

The terminal illness (accelerated) benefit amount will be discounted to reflect the cost of providing the benefit. United States Life will calculate the discount on the date it receives the request for payment of the accelerated benefit. A statement of the method of calculating the discount has been filed with the insurance official of the state in which the group policy is issued.

### Termination of Coverage

Your NYSSCPA Group Term Life Insurance will continue until you reach age 75 or earlier if: 1) you cease to be an NYSSCPA member, or spouse/domestic partner or employee of a member; 2) the group policy ends; 3) insurance ends for your class; or 4) at the end of the period for which the last premium has been paid. When you reach age 75, or if your insurance ends for a reason other than non-payment of premium, you may buy an individual life insurance policy from the company during the conversion period, without providing evidence of insurability. Dependent child coverage will end when the child marries, is no longer a dependent, or attains age 21 (25 if a full-time student).

*Note: Eligibility restrictions for dependent coverage vary by state.*

### Conversion Option

Your Term Life Insurance coverage may be exchanged for an equal amount of individual life insurance, without any evidence of insurability required, as long as this option is exercised within 45 days of the date your coverage terminates for reasons other than nonpayment of premium.

### Limitations

If death is the result of suicide during the first two years of coverage, benefits are limited to return of premiums paid, plus interest. *(Subject to state variations.)*

**MIB DISCLOSURE NOTICE (Retain for your records)**

Information regarding your insurability will be treated as confidential. The United States Life Insurance Company in the City of New York or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The United States Life Insurance Company in the City of New York, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

Note: Canadian Members should continue to use the following address: 330 University Avenue, Suite 501, Toronto, Ontario, Canada, M5G 1R7, tel. no. 416-597-0590.

MIB-19431

**NOTICE AS REQUIRED UNDER THE FAIR CREDIT REPORTING ACT(s)**

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be requested for the preparation of a report whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted or who may have knowledge of any such items of information. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request to be informed as to whether or not such a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may receive a copy of this report by contacting such agency.

FCRA-19432

