

# THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK

A Stock Life Insurance Company  
360 Hamilton Avenue, Suite 210  
White Plains, New York 10601-1871  
(914) 989-4400

## CERTIFICATE GROUP LIFE INSURANCE

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Policyholder:	New York State Correctional Officers and Police Benevolent Association, Inc.
Policy Number:	645228-C
Effective Date:	January 9, 2008

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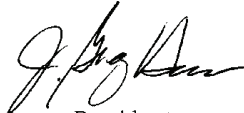
The Group Policy has been issued to the Policyholder.

We certify that you will be insured as provided by the terms of your Employer's coverage under the Group Policy. Nothing in the Group Policy, or any amendment or endorsement to the Group Policy, invalidates or impairs any rights and benefits granted to you or your Dependent as stated in the Certificate, and the rights and benefits granted to you or your Dependents will not be less than those required by New York law. If the terms and conditions of coverage are changed by an amendment or endorsement to the Group Policy, we will provide the Policyholder with a revised Certificate, or Certificate amendment or endorsement, to be given to you.

**This policy includes an Accelerated Benefit. The receipt of this benefit may be taxable and may affect your eligibility for public assistance programs such as medical assistance (Medicaid), family assistance and supplemental security income. It may also affect the eligibility of your spouse or dependents. However, if you meet the definition of "terminally ill individual" in Internal Revenue Code section 101, your accelerated benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.**

All provisions on this and the following pages are part of this Group Policy. "You" and "your" mean the Member. "We", "us", and "our" mean The Standard Life Insurance Company Of New York. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in bold face type.

**READ YOUR CERTIFICATE CAREFULLY. CERTAIN WAR RISKS ARE NOT ASSUMED. IN CASE OF ANY DOUBT WRITE THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK FOR FURTHER EXPLANATION.**

  
President

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## COVERAGE FEATURES

This section contains some of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

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### GENERAL POLICY INFORMATION

Group Policy Number:	645228-C
Type of Insurance Provided:	
Life Insurance:	Yes
Accidental Death And Dismemberment (AD&D) Insurance:	Yes, for Class 1 and 2 Members only
Dependents Life Insurance:	Yes, for Class 1 and 2 Members only
Policyholder:	New York State Correctional Officers and Police Benevolent Association, Inc.
Employer (s):	New York State Correctional Officers and Police Benevolent Association, Inc. or the State of New York
Administrator:	NORVEST Financial Services, Inc.
Group Policy Effective Date:	January 9, 2008
State of Issue:	New York

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### BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The Active Work requirement does not apply to Members who are retired on the Group Policy Effective Date. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member:	You are a Member if you are one of the following:
	<ol style="list-style-type: none"><li>1. An active legislative director, office manager or NYSCOPBA Employees' Association (NEA) union employee of the Policyholder regularly working at least 20 hours each week;</li><li>2. A member in active membership in good standing of the Policyholder;</li><li>3. A NYSCOPBA Employees' Association (NEA) union employee of the Policyholder who retired under the Policyholder's retirement program;</li><li>4. A member in associate (retired) membership in good standing of the NYSCOPBA Retiree Chapter under a job title represented by the Policyholder; or</li><li>5. A Security Services Unit (SSU) employee of the Employer working at least 20 hours each week, who is not an active NYSCOPBA member, but for whom the</li></ol>

Employer provides employee benefit funding to the Policyholder.

You are not a Member if you are:

1. A temporary or seasonal employee.
2. A leased employee.
3. An independent contractor.
4. A full time member of the armed forces of any country.

Class Definition:

Class 1:	Active Members employed by the Policyholder
Class 2:	All other Active Members
Class 3:	NYSCOPBA Employees' Association (NEA) Retired Members
Class 4:	Retired members with one year or less of membership with waived dues in the NYSCOPBA Retiree Chapter, those who henceforth continuously maintained membership in the NYSCOPBA Retiree Chapter as of the date of their retirement, and those reinstated as honorary members who subsequently retire from another entity within the NYS retirement system.
Class 5:	All other Retired Members
Class 6:	Active SSU opt-out Members who are not active NYSCOPBA members

Eligibility Waiting Period: You are eligible on the date you become a Member.

Your Eligibility Waiting Period will be reduced by any continuous period as an employee of the Employer immediately prior to the date you become a Member.

Note: You cannot receive multiple coverage under this plan because you are connected with more than one employer.

Dependents Life Insurance: You become eligible to have your Dependents insured under the Group Policy for Dependents Life Insurance on the later of:

- a. The date you become eligible for Life Insurance; and
- b. The date you first acquire a Dependent.

Definition of Dependent: Dependent means your Spouse or Child. Dependent does not include a person who is a full-time member of the armed forces of any country.

A Member may be insured as both a Member and a Dependent. A Child may not be insured by more than one Member.

Evidence Of Insurability: Required:  

- a. For late application for Contributory insurance.
- b. For reinstatements if required.

- c. For Members and Dependents eligible but not insured under the Prior Plan.
- d. For any Plan 2 Life Insurance Benefit in excess of Guarantee Issue Amount of \$400,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.
- e. For any Dependents Life Insurance Benefit in excess of the Guarantee Issue Amount of \$50,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.
- f. For any increase resulting from a plan or option change you or your dependent elect.
- g. For any Plan 1 Life Insurance Benefit for Class 5 Members

**Certain Evidence Of Insurability Requirements Will Be Waived.** Your insurance is subject to all other terms of the Group Policy.

During your Employer's Annual Enrollment Period, certain Evidence Of Insurability requirements will be waived with respect to Plan 2 Life Insurance and Dependents Life Insurance. However, we will not waive the Evidence Of Insurability requirements if, you, your Spouse or Child previously submitted Evidence Of Insurability that was not approved by us, or if, you, your Spouse or Child previously submitted evidence of good health that was not approved by the insurer(s) of the Prior Plan or any preceding plans.

1. If you are eligible but not insured for Plan 2 Life Insurance, Evidence Of Insurability requirement(s) a., c., and f. above will be waived if you apply for Plan 2 Life Insurance during the Annual Enrollment Period.
2. If you are insured for an amount less than the Guarantee Issue Amount, requirement f. above will be waived if you apply for a one level increase, up to and including \$400,000 in your Plan 2 Life Insurance up to the Guarantee Issue Amount during the Annual Enrollment Period.

Note: During your Employer's 2014 Annual Enrollment Period (July 1, 2014 through August 31, 2014), if you are insured for an amount less than the Guarantee Issue Amount of \$400,000, requirement f. above will be waived if you apply for a one or two level increase in your Plan 2 Life Insurance, up to the Guarantee Issue Amount.

3. If your Spouse and Child are eligible but not insured for Dependents Life Insurance, Evidence Of Insurability requirement(s) a., c., and f. above will be waived if you apply for Dependents Life Insurance for your Spouse and Child during the Annual Enrollment Period.
4. If your Spouse is insured for an amount less than the Guarantee Issue Amount, requirement f. above will be waived if you apply for a one level increase in your Dependents Life Insurance up to the Guarantee Issue Amount during the Annual Enrollment Period.

Note: If you are not Actively At Work during your Employer's Annual Enrollment Period, Evidence Of Insurability requirements will be waived for you, as provided in items 1., 2., 3., and 4. above, on the date you apply, if you apply within 30 days of your first full day of Active Work following the Employer's Annual Enrollment Period.

In the event of a Family Status Change certain Evidence Of Insurability requirements will be waived with respect to Plan 2 Life Insurance and Dependents Life Insurance. However, we will not waive the Evidence Of Insurability requirements if you, your Spouse or Child previously submitted Evidence Of Insurability that was not approved by us, or if you, your Spouse or Child previously submitted evidence of good health that was not approved by the insurer(s) of the Prior Plan or any preceding plans.

1. If you are eligible but not insured for Plan 2 Life Insurance, Evidence Of Insurability requirement(s) a., c., and f. above will be waived if you apply for Plan 2 Life Insurance within 31 days of a Family Status Change.
2. If you are insured for an amount less than the Guarantee Issue Amount, Evidence Of Insurability requirement(s) a. and f. above will be waived if you apply for an increase in your Plan 2 Life Insurance up to \$400,000 within 31 days of a Family Status Change.
3. If your Spouse and Child are eligible but not insured for Dependents Life Insurance, Evidence Of Insurability requirement(s) a., c., and f. above will be waived if you apply for Dependents Life Insurance for your Spouse and Child within 31 days of a Family Status Change.
4. If your Spouse is insured for an amount less than the Guarantee Issue Amount, Evidence Of Insurability requirement f. above will be waived if you apply for an increase in Dependents Life Insurance for your Spouse up to the Guarantee Issue Amount within 31 days of a Family Status Change.

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## PREMIUM CONTRIBUTIONS

Member Life Insurance:

Plan 1: Noncontributory

Plan 2: Contributory

Dependents Life Insurance: Contributory

AD&D Insurance:

**Member**

Plan 1: Noncontributory

Plan 2: Contributory

**Spouse:** Contributory

The Policyholder determines the amount, if any, of each Member's contribution toward the cost of insurance.

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## SCHEDULE OF INSURANCE

### SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit:

You will become insured under Plan 1 if you meet the requirements to become insured under the Group Policy.

If you are insured under Plan 1, you may also become insured under Plan 2 if you meet the requirements to become insured under Plan 2 Life Insurance under the Group Policy. Plan 2 is a Contributory plan requiring premium contributions from Members.

Plan 1 (basic):

**For Class 1:**

2.5 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000, plus \$30,000. The maximum amount is \$400,000.

**For Class 2:**

\$30,000

**For retired Members:**

\$20,000

**For Class 6:**

\$5,000

**FOR CLASS 1 AND 2 MEMBERS ONLY**

Plan 2 (additional):

**For Members who were enrolled in Plan 2 (additional) prior to January 9, 2008 and were previously enrolled under Prior Plan:**

The amount of additional life insurance in effect under the Prior Plan on January 8, 2008.

**For Members who enrolled in Plan 2 (additional) on or after January 9, 2008 you may elect one of the following options:**

Option 1: \$20,000

Option 2: You may elect multiples of \$50,000, from \$50,000 to \$500,000.

**FOR CLASS 1 AND 2 MEMBERS ONLY**

For your Spouse:

Dependents Life Insurance Benefit:

**For Members who were enrolled in dependents life insurance prior to January 9, 2008 and were previously enrolled under the Prior Plan:**

The amount of dependents life insurance for your Spouse in effect under the Prior Plan on January 8, 2008.

**For Members who enrolled in Plan 2 (additional) Life Insurance on or after January 9, 2008:**

You may elect multiples of \$25,000 up to 100% of the Member's Additional Life Benefit up to a \$500,000 maximum.

For your Child:

Dependents Life Insurance Benefit: \$4,000



**FOR CLASS 1 AND 2 MEMBERS ONLY**

SCHEDULE OF AD&D INSURANCE

For you:

AD&D Insurance Benefit:

**Plan 1 (basic)**

\$30,000.

**Plan 2 (additional) you may not be enrolled for Plan 2 AD&D unless you are enrolled for Plan 2 Life Insurance (additional)**

**You may elect one of the following options, however, your election cannot exceed your Plan 2 (additional) Life Insurance Benefit:**

Option 1: \$20,000

Option 2: You may elect multiples of \$50,000, from \$50,000 to \$500,000.

Note: For both plans the amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

For your Spouse:

AD&D Insurance Benefit:

The amount of your AD&D Insurance Benefit is equal to the amount of your Dependents Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand or one foot	50%
c. Sight of one eye, speech, or hearing in both ears	50%
d. Two or more of the Losses listed in b. and c. above	100%
e. Thumb and index finger of same hand	25% *
f. Quadriplegia	100%
g. Hemiplegia	50%
h. Paraplegia	50%

No more than 100% of the AD&D Insurance Benefit will be paid for all Losses resulting from one accident.

\* No AD&D Insurance Benefit will be paid for Loss of thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire hand.

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## REDUCTIONS IN INSURANCE

### **For Members only:**

Your Plan 1 Life Insurance will not be reduced because of your age unless your insurance is subject to termination under the **Waiver Of Premium** provision.

If you reach an age shown below, the amount of Plan 2 Life Insurance, Plan 1 and Plan 2 AD&D Insurance will be the amount determined from the Schedule Of Insurance, multiplied by the appropriate percentage below:

Plan 2 Life Insurance, Plan 1 and Plan 2 AD&D Insurance:

Age of Member	Percentage
65 through 69	65%
70 or over	50%

### **For Spouses only:**

If you reach an age shown below, the amount of insurance will be the amount determined from the Schedule Of Insurance, multiplied by the appropriate percentage below:

Dependents Life and AD&D Insurance:

Age of Member	Percentage
70 through 74	60%
75 through 79	24%
80 and over	8%

## LIFE INSURANCE

### A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

### B. Amount Of Life Insurance

See **Coverage Features** for the Life Insurance schedule.

### C. Changes In Life Insurance

#### 1. Increases

You must apply in writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

##### a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date we approve your Evidence Of Insurability.

##### b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on:

(i) The date you apply for an elective increase or the date of change in your classification, age or Annual Earnings.

(ii) The date you apply, if you apply during the Annual Enrollment Period.

(iii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

#### 2. Decreases

A decrease in your Life Insurance because of a change in your classification, age, or Annual Earnings becomes effective on the first day of the calendar month coinciding with or next following the change.

Any other decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date the Policyholder or your Employer receives your written request for the decrease.

If your Life Insurance decreases, you can apply to buy an individual policy of life insurance for the amount which is ending, as described in **Right To Convert**.

### D. Suicide Exclusion: Life Insurance

With respect to your Plan 2 Life Insurance, if your death results from suicide or other intentionally self-inflicted injury, 1 and 2 below apply.

1. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion and which has not been continuously in effect for at least 2 years on the date of your death. In computing the 2-year period, we will include time you were insured under the Prior Plan.

2. We will refund all premiums paid for that portion of your Life Insurance which is excluded from payment under this suicide exclusion.

E. Repatriation Benefit

**For Retired Members only:**

The amount of the Repatriation Benefit is the expenses incurred to transport your body to a mortuary near your primary place of residence, or \$500, whichever is less.

We will pay a Repatriation Benefit if all of the following requirements are met:

1. An Life Insurance Benefit is payable because of your death.
2. You die more than 200 miles from your primary place of residence.
3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.

F. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory.

Subject to the **Active Work Provisions**, your Life Insurance becomes effective as follows:

1. Life Insurance Subject To Evidence Of Insurability

Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date we approve your Evidence Of Insurability.

2. Life Insurance Not Subject To Evidence Of Insurability

a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to Evidence Of Insurability becomes effective as soon as you are recognized as member in good standing.

b. Contributory Life Insurance

You must apply in writing for Contributory Life Insurance and agree to pay premiums. Contributory Life Insurance not subject to Evidence Of Insurability becomes effective on:

- (i) The date you become eligible if you apply on or before that date.
- (ii) The date you apply if you apply within 31 days after you become eligible.
- (iii) The date you apply, if you apply during the Annual Enrollment Period.
- (iv) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

3. Takeover Provision

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.

G. When Life Insurance Ends

Your Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which you made a premium contribution, if your insurance is Contributory.
2. The date the Group Policy terminates or is amended to terminate coverage for your class.

3. The date your membership terminates, unless your insurance is continued under the **Portability Of Insurance** provision or **Waiver Of Premium** provision or unless you are eligible for benefits as a retired Member.
4. The date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 3 above.
  - a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.
  - b. While your ability to work is limited because of Sickness, accidental Injury, or Pregnancy.
  - c. During the first 60 days of:
    - (1) A temporary layoff; or
    - (2) A strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
  - d. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
  - e. During any other scheduled leave of absence approved by your Employer in advance and in writing and lasting not more than 60 days.

If your Life Insurance ends, you can apply to buy an individual policy of life insurance, as described in **Right To Convert**.

#### H. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If your Life Insurance ends because you cease to be a Member, and if you become a Member again within 365 days, you will be allowed to enroll at the same coverage level you were enrolled at prior to your ceasing to be a Member.
2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
4. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

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## **DEPENDENTS LIFE INSURANCE**

#### A. Insuring Clause

If your Dependent dies while insured for Dependents Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

#### B. Amount Of Dependents Life Insurance

See **Coverage Features** for the Dependents Life Insurance schedule.

## C. Changes In Dependents Life Insurance

### 1. Increases

You must apply in writing for any elective increase in your Dependents Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Dependents Life Insurance becomes effective as follows:

#### a. Increases Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date we approve that Dependent's Evidence Of Insurability.

#### b. Increases Not Subject To Evidence Of Insurability

(i) An increase in your Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the date you apply for an elective increase.

(ii) An increase in your Dependents Life Insurance because of an increase in your Life Insurance becomes effective on the date your Life Insurance increases.

(iii) The date you apply, if you apply during the Annual Enrollment Period.

(iv) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change

### 2. Decreases

A decrease in your Dependents Life Insurance because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.

If your Dependents Life Insurance decreases, your Dependent can apply to buy an individual policy of life insurance for the amount which is ending, as described in **Right To Convert**.

## D. Definitions For Dependents Life Insurance

Dependent means your Spouse or Child. Dependent does not include a person who is a full-time member of the armed forces of any country.

## E. Becoming Insured For Dependents Life Insurance

### 1. Eligibility

You become eligible to have your Dependents insured under the Group Policy for Dependents Life Insurance on the later of:

a. The date you become eligible for Life Insurance; and

b. The date you first acquire a Dependent.

A Member may be insured as both a Member and a Dependent. A Child may not be insured by more than one Member.

2. Effective Date

The **Coverage Features** states whether Dependents Life Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, your Dependents Life Insurance becomes effective as follows:

a. Dependents Life Insurance Subject To Evidence Of Insurability

Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the later of:

- (1) The date your Life Insurance becomes effective.
- (2) The first day of the calendar month coinciding with or next following the date we approve the Dependent's Evidence Of Insurability.

b. Contributory Dependents Life insurance

You must apply in writing for Contributory Dependents Life Insurance and agree to pay premiums. Contributory Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the latest of:

- (i) The date your Life Insurance becomes effective if you apply on or before that date.
- (ii) The date you become eligible to insure your Dependents if you apply on or before that date.
- (iii) The date you apply if you apply within 31 days after you become eligible.

Late application: Evidence Of Insurability is required for each Dependent if you apply more than 31 days after you become eligible.

- (iv) The date you apply, if you apply during the Annual Enrollment Period.
- (v) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

c. While your Dependents Life Insurance is in effect, each new Child becomes insured immediately.

F. When Dependents Life Insurance Ends

Your Dependents Life Insurance ends automatically on the earliest of:

1. Five months after you die. (No premium will be charged for your Dependents Life Insurance during this time.)
2. The date your Life Insurance ends.
3. The date Dependents Life Insurance terminates under the Group Policy, unless your Dependents Life Insurance continues under item 1 above.
4. The date the last period ends for which you made a premium contribution, if your Dependents Life Insurance is Contributory.
5. For your Spouse, the date of your divorce or annulment of your marriage.
6. For a Child, the date the Child ceases to be a Dependent, including attainment of the limiting age.
7. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.
8. For any Dependent, the date the Dependent ceases to be a Dependent.

If Dependents Life Insurance ends for one or more of your Dependents, that Dependent can apply to buy an individual policy of life insurance, as described in **Right To Convert**.

(SP & CH) LI.DL.NY.1X

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

### A. Insuring Clause

If you or your has an accident, including accidental exposure to adverse weather conditions, while insured for AD&D Insurance, and the accident results in a Loss, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

### B. Definition Of Loss For AD&D Insurance

Loss means loss of life, hand, foot, sight, speech, hearing in both ears, thumb and index finger of the same hand and Hemiplegia, Paraplegia or Quadriplegia which meet all of the following requirements:

1. Is caused solely and directly by an accident.
2. Occurs independently of all other causes.
3. Occurs within 365 days after the accident.
4. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
5. With respect to all other Losses, is certified by a Physician in the appropriate specialty as determined by us.

With respect to Loss of life, death will be presumed if you disappear and the disappearance:

1. Is caused solely and directly by an accident that reasonably could have caused Loss of life;
2. Occurs independently of all other causes; and
3. Continues for a period of 365 days after the date of the accident, despite reasonable search efforts.

With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint, whether or not surgically reattached.

With respect to sight, Loss means entire, uncorrectable, and irrecoverable loss of sight.

With respect to speech, Loss means entire, uncorrectable, and irrecoverable loss of audible speech.

With respect to hearing, Loss means entire, uncorrectable, and irrecoverable loss of hearing in both ears.

With respect to thumb and index finger of the same hand, Loss means actual and permanent severance from the body at or above the metacarpophalangeal joints.

With respect to Quadriplegia, Hemiplegia, and Paraplegia, Loss must be permanent, complete, and irreversible.

Quadriplegia means total paralysis of both upper and lower limbs. Hemiplegia means total paralysis of the upper and lower limbs on the same side of the body. Paraplegia means total paralysis of both lower limbs.

### C. Amount Payable

See **Coverage Features** for the AD&D Insurance schedule. The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered. See AD&D Table Of Losses in the **Coverage Features**.



#### D. Changes In AD&D Insurance

Changes in your AD&D Insurance will become effective on the date your Life Insurance changes. Changes in your Spouse's AD&D Insurance will become effective on the date your Dependent Life Insurance changes.

#### E. AD&D Insurance Exclusions

No AD&D Insurance Benefit is payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit a felony, or actively participating in a riot. Actively participating does not include being at the scene of a riot while performing your official duties.
4. Intoxication or being under the influence of any narcotic, unless used or consumed according to the directions of a Physician.
5. Sickness, except as a result of the accident.
6. Pregnancy, except for a complication of pregnancy resulting from the accident.
7. Medical or surgical treatment for any of the above.

#### F. Additional AD&D Benefits

##### Air Bag Benefit

The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) 10% of the amount of the AD&D Insurance Benefit payable for Loss of that life.

We will pay an Air Bag Benefit if all of the following requirements are met:

1. You or your Spouse die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag System manufacturer.
3. The deceased is seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deploys, as evidenced by a police accident report.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile means a motor vehicle licensed for use on public highways.

##### Career Adjustment Benefit

The amount of the Career Adjustment Benefit is the tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of room and board, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of your Plan 2 (additional ) AD&D Insurance Benefit, whichever is less.

We will pay a Career Adjustment Benefit to your Spouse if all of the following requirements are met:

1. You or your Spouse are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse is, within 36 months after the date of your death, registered and in attendance at an accredited institution of higher education or trades training program for the purpose of obtaining employment or increasing earnings.

If you have no surviving Spouse or your Spouse does not meet the requirement shown in item 3, then no Career Adjustment Benefit will be paid and the Alternate Career Adjustment Benefit will be paid in its place to the Beneficiary you name. The Alternate Career Adjustment Benefit is \$200.

#### Child Care Benefit

The amount of the Child Care Benefit is the expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of your Plan 2 (additional) AD&D Insurance Benefit, whichever is less.

We will pay a Child Care Benefit to your Spouse if all of the following requirements are met:

1. You or your Spouse are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an your Plan 2 (additional) AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse pays a licensed child care provider who is not a member of your family for child care provided to your Child(ren) under age 13 within 36 months of your death.
4. The child care is necessary in order for your Spouse to work or to obtain training for work or to increase earnings.

If you have no surviving Spouse or the requirements shown in items 3 and 4 are not met, then no Child Care Benefit will be paid and the Alternate Child Care Benefit will be paid in its place to the Beneficiary you name. The Alternate Child Care Benefit is \$200.

#### Higher Education Benefit

The amount of the Higher Education Benefit is the tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of room and board, but not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of your Plan 2 (additional ) AD&D Insurance Benefit, whichever is less.

We will pay a Higher Education Benefit to your Child if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Child is, within 12 months after the date of your death registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid annually to each Child who meets the requirements of item 3 above, for a maximum of 6 consecutive years beginning on the date of your death. If you have no surviving Children, or your Child does not meet the requirements shown in item 3, then no Higher Education Benefit will be paid and the Alternate Higher Education Benefit will

be paid in its place to the Beneficiary you name. The Alternate Higher Education Benefit is \$200.

#### Repatriation Benefit

The amount of the Repatriation Benefit is the expenses incurred to transport you or your Spouse's body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the AD&D Insurance Benefit, whichever is less.

We will pay a Repatriation Benefit if all of the following requirements are met:

1. An AD&D Insurance Benefit is payable because of you or your spouse's death.
2. You or your Spouse dies more than 200 miles from your primary place of residence.
3. Expenses are incurred to transport you or your Spouse's body to a mortuary near your primary place of residence.

#### Public Transportation Benefit

The amount of the Public Transportation Benefit is the lesser of (1) \$200,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for Loss of that life.

We will pay a Public Transportation Benefit if all of the following requirements are met:

1. You or your Spouse die as a result of an accident for which an AD&D Insurance Benefit is payable for that Loss of life.
2. The accident occurs while you or your Spouse is riding as a fare-paying passenger on Public Transportation.

Public Transportation means a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regular passenger routes with a definite schedule of departures and arrivals.

#### Seat Belt Benefit

The amount of the Seat Belt Benefit is the lesser of (1) \$10,000; or (2) 10% of the amount of the AD&D Insurance Benefit payable for Loss of that life.

We will pay a Seat Belt Benefit if all of the following requirements are met:

1. You or your Spouse die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. The deceased is wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by a police accident report.

Seat Belt System means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seat Belt System will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt System does not include a shoulder restraint alone.

Automobile means a motor vehicle licensed for use on public highways.

#### G. Becoming Insured For AD&D Insurance

##### 1. Eligibility

You become eligible for AD&D Insurance on the date your Life Insurance is effective.

To insure your Dependents for AD&D Insurance you must be insured for Life Insurance and they must be insured for Dependents Life Insurance.

You become eligible to insure your Dependents on the later of:

- a. The date your Life Insurance is effective; and
- b. The date your Dependents Life Insurance is effective.

A Member may not be insured as both a Member and a Dependent.

## 2. Effective Date

The **Coverage Features** states whether AD&D Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, AD&D Insurance becomes effective as follows:

### a. Noncontributory AD&D Insurance

Noncontributory AD&D Insurance becomes effective on the date you become eligible.

### b. Contributory AD&D Insurance

You must apply in writing for Contributory AD&D Insurance and agree to pay premiums. Contributory AD&D Insurance becomes effective on the later of:

- (i) The date you or your Spouse becomes eligible if you apply on or before that date.
- (ii) The first day of the calendar month coinciding with or next following the date you or your Spouse applies, if you or your Spouse applies after you become eligible.

## H. When AD&D Insurance Ends

AD&D Insurance ends automatically on the earliest of:

1. The date your Life Insurance ends.
2. The date your Waiver Of Premium begins.
3. The date AD&D Insurance terminates under the Group Policy.
4. The date the last period ends for which a premium was paid for your AD&D Insurance.
5. For your Spouse, the date your Dependents Life Insurance ends.
6. The date you are no longer a member in good standing with the Policyholder .

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## **ACTIVE WORK PROVISIONS**

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business. You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

The **Active Work Provisions** applies only to employees of the New York State Correctional Officers and Police Benevolent Association, Inc. and does not apply to members in good standing with the Policyholder.

## CONTINUITY OF COVERAGE

### A. Waiver Of Active Work Requirement

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, you can become insured on the effective date of your Employer's coverage without meeting the Active Work requirement. See **Active Work Provisions**.

### B. Payment Of Benefit

The benefits payable before you meet the Active Work requirement will be:

1. The benefits which would have been payable under the terms of the Prior Plan if it had remained in force; reduced by
2. Any benefits payable under the Prior Plan.

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## PORTABILITY OF INSURANCE

### ACTIVE MEMBERS ONLY

#### A. Portability Of Insurance.

If your employment with your Employer terminates, you may have the following options available to you. You can apply to buy an individual policy of life insurance, as described in **Right To Convert**; you can apply to continue your group Insurance under **Portability Of Insurance**; or you can apply for a combination of these two options. However, the combined amounts of Insurance you elect to continue under this **Portability Of Insurance** provision and convert under the **Right To Convert** provision cannot exceed the amount in effect on the day before your employment terminates.

You may elect to continue your Life Insurance without Evidence Of Insurability if your employment terminates, subject to the following:

1. The amount of any Insurance to be continued must have been continuously in effect for at least 3 consecutive months on the date your employment terminates. In computing the 3 consecutive month period, we will include time insured under the Prior Plan.
2. Termination of employment is not due to your retirement.

If you do not continue your Life Insurance, you may not continue any other Insurance. Insurance continued under **Waiver Of Premium** may not be continued under this provision.

Insurance under this provision means your Life Insurance and if you continue your Life Insurance, includes Dependents Life Insurance if continuously in effect for at least 3 consecutive months.

At any time you can apply to convert all or a portion of the amount of Insurance continued under **Portability Of Insurance**. This includes your Dependents Life Insurance, if any. The amount of Insurance you continue will be reduced by any amount of Insurance you convert.

#### B. Application And Premium Payment

To continue Insurance under this provision you must apply in writing and pay the first Portability Premium to us within 31 days after the date your employment terminates.

The Portability Premium rate is age-graded.

Portability Premium:

Age-graded Rates Per Multiple Of \$1,000 Per Month:

Age Of Insured On Last January 1	Rate
Under 30	\$ .118
30 through 34	.125
35 through 39	.164
40 through 44	.266
45 through 49	.468
50 through 54	.721
55 through 59	1.233
60 through 64	1.471
65 through 69	2.827
70 through 74	5.089
75 through 79	7.624
80 or over	14.088

C. Amount Of Insurance

1. Amount Of Insurance

The maximum amount of Life Insurance you may continue is the lesser of (1) the amount in effect on the date your employment terminates; or (2) \$300,000. The minimum amount of Life Insurance you may continue is \$15,000.

The maximum amount of Dependents Life Insurance you may continue is the lesser of (1) the amount in effect on the date your employment terminates; or (2) \$25,000. The minimum amount of Dependents Life Insurance you may continue is \$1,000.

2. Increases Or Decreases In The Amount Of Insurance

The amount of Insurance you continue under this provision cannot be increased.

The amount of Insurance continued under this provision will be reduced or terminated according to the terms of the Group Policy in effect on the date your employment terminates. You can apply to buy an individual policy of life insurance for the amount which is ending, as described in **Right To Convert**.

D. When Insurance Ends

Insurance continued under this provision ends automatically on the earliest of:

1. The date it would otherwise have ended under the Group Policy.
2. The date you become insured under any other group life insurance plan.
3. For any Dependent, the date you insure the Dependent under any other group life insurance plan.

If Insurance continued under **Portability Of Insurance** ends, you or your Dependent can apply to buy an individual policy of life insurance, as described in **Right To Convert**.

E. Notice Of Option To Continue Your Insurance Under Portability Of Insurance

Written notice of the option to continue your group Insurance under **Portability Of Insurance** will be given to you within 15 days before or after your employment terminates. If notice is not given within this time, the following will apply:

1. If notice is given more than 15 days but less than 90 days after termination of employment, the portability application period shall be extended to 45 days after such notice is given.

2. If notice is not given within 90 days after termination of employment, the portability application period shall expire at the end of the 90 days.

Full compliance with this provision will be satisfied by written notice that is:

1. Given to you by NYSCOPBA or Administrator;
2. Mailed to you by NYSCOPBA or Administrator to your last known address; or
3. Mailed to you by us to your last known address.

F. Notice Of Right To Convert

If Insurance continued under **Portability Of Insurance** ends or is reduced, written notice of the **Right To Convert** will be given to you or your Dependents within 15 days before or after this event. If notice is not given within this time, the following will apply:

1. If notice is given more than 15 days but less than 90 days after this event, the **Right To Convert** shall be extended to 45 days after such notice is given.
2. If notice is not given within 90 days after this event, the **Right To Convert** shall expire at the end of the 90 days.

Full compliance with this provision will be satisfied by written notice that is:

1. Given to you by the Employer;
2. Mailed to you by the Employer to your last known address; or
3. Mailed to you by us to your last known address.

G. Group Policy Provisions

Except as provided above, Insurance continued under this provision is subject to all other terms of the Group Policy.

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## WAIVER OF PREMIUM

### CLASS 1 AND 2 MEMBERS ONLY

A. Waiver Of Premium Benefit

If your employment with your Employer terminates because you become Totally Disabled, you can apply to buy an individual policy of life insurance, as described in **Right To Convert**, and/or you can apply to continue your group Insurance under **Waiver Of Premium**.

Your Insurance may be continued and payment of premium will be waived if you meet the requirements in 1 or 2 below:

1. You become Totally Disabled, are under age 60, and complete your Waiting Period. During the Waiting Period you must provide written proof of your continuous Total Disability that is satisfactory to us. We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by a Physician of our choice; or
2. You receive an Accelerated Benefit for your Qualifying Medical Condition, and are under age 60.

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by Physicians of our choice.

B. Definitions For Waiver Of Premium

1. Insurance means all your insurance under the Group Policy, except AD&D Insurance.

2. Totally Disabled means that, as a result of Sickness, Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience.
3. Waiting Period means the 6 consecutive months period beginning on the date you become Totally Disabled. **Waiver Of Premium** begins when you complete the Waiting Period.

C. Premium Payment

Premium payment must continue until the later of:

1. The date you complete your Waiting Period; and
2. The date we approve your claim for Waiver Of Premium; or
3. The date you receive the Accelerated Benefit.

D. Refund Of Premiums

We will refund up to 12 months of the premiums that were paid for Insurance after the date you become Totally Disabled. If you exercised your **Right To Convert** and then qualify for **Waiver Of Premium**, the individual life insurance policy will be terminated and all premiums for the individual policy will be refunded.

E. Amount Of Insurance

The amount of Insurance eligible for Waiver Of Premium is the amount in effect on the day before you become Totally Disabled or receive the Accelerated Benefit, whichever is earlier. However, the following will apply:

1. If you become Totally Disabled, Insurance will be reduced or terminated according to the Group Policy provisions in effect on the day before you become Totally Disabled.
2. If you receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision, and terminated according to the Group Policy provisions in effect on the day before you receive the Accelerated Benefit.

At any time you can apply to convert all or a portion of the amount of Insurance continued under **Waiver Of Premium**. This includes your Dependents Life Insurance, if any. The amount of Insurance you continue will be reduced by any amount of Insurance you convert.

F. Effect Of Death During The Waiting Period

If you die during the Waiting Period while insured under the Group Policy, and are otherwise eligible for **Waiver Of Premium**, the Waiting Period will be waived and a death benefit will be paid. If you exercised your **Right To Convert** prior to determination that you qualified for **Waiver Of Premium**, the individual life insurance policy will be terminated, all premiums for the individual policy will be refunded, and a death benefit will be paid under the Group Policy.

If you die during the Waiting Period while insured under the Group Policy, are not qualified for **Waiver Of Premium**, and have not exercised your **Right To Convert**, we will pay a death benefit equal to the maximum amount you had a **Right To Convert**, reduced by the applicable premiums for the individual life insurance policy. We will refund all premiums that were paid for Insurance under the Group Policy.

If you die during the Waiting Period and beyond the expiration of the Conversion Period, or any valid extension thereof, are not qualified for **Waiver Of Premium**, nor paid premiums during the Waiting Period, then no death benefit will be paid.

G. Termination Or Amendment Of The Group Policy

Insurance will not be affected by termination or amendment of the Group Policy after you become Totally Disabled or receive an Accelerated Benefit.



#### H. When Waiver Of Premium Ends

Waiver Of Premium ends on the earliest of:

1. The date you cease to be Totally Disabled;
2. 90 days after the date we mail you a request for proof of your continued Total Disability, if it is not given;
3. The date you fail to be examined;
4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured;
5. The date you reach age 65; and
6. The date you no longer have a Qualifying Medical Condition, as defined in the **Accelerated Benefit** provision.

If Insurance continued under **Waiver Of Premium** ends, you or your Dependent can apply to buy an individual policy of life insurance, as described in **Right To Convert**.

#### I. Notice Of Right To Convert

If you do not qualify for **Waiver Of Premium**, or if Insurance continued under **Waiver Of Premium** ends or is reduced, written notice of the **Right To Convert** will be given to you or your Dependents within 15 days before or after this event. If notice is not given within this time, the following will apply:

1. If notice is given more than 15 days but less than 90 days after this event, the **Right To Convert** shall be extended to 45 days after such notice is given.
2. If notice is not given within 90 days after this event, the **Right To Convert** shall expire at the end of the 90 days.

Full compliance with this provision will be satisfied by written notice that is:

1. Given to you by the Employer;
2. Mailed to you by the Employer to your last known address; or
3. Mailed to you by us to your last known address.

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## **ACCELERATED BENEFIT**

### **CLASS 1 AND 2 MEMBERS ONLY**

#### A. Accelerated Benefit

If you give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Benefit.

If your Insurance is scheduled to end within 12 months following the date you apply for the Accelerated Benefit, you will not be eligible for the Accelerated Benefit.

Qualifying Medical Condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months.

We may have you examined at our expense in connection with your claim for an Accelerated Benefit. Any such examination will be conducted by one or more Physicians of our choice.

#### B. Application For Accelerated Benefit

You must apply for an Accelerated Benefit. To apply you must give Proof Of Loss satisfactory to us on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

#### C. Amount Of Accelerated Benefit

You may receive an Accelerated Benefit of up to 75% of your Insurance if you meet the Qualifying Medical Condition. The maximum Accelerated Benefit is \$500,000. The minimum Accelerated Benefit is \$50,000 or 25% of your Insurance, whichever is less.

If the amount of your Insurance is scheduled to reduce within 6 months following the date you apply for the Accelerated Benefit, your Accelerated Benefit will be based on the reduced amount.

The Accelerated Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, we will not ask you for a refund.

#### D. Effect On Insurance And Other Benefits

The amount of your Insurance after payment of the Accelerated Benefit will be:

- (1) The amount of your Insurance as if no Accelerated Benefit had been paid; minus
- (2) The amount of the Accelerated Benefit; minus
- (3) An interest charge calculated as follows:

A times B times C divided by 365 = interest charge.

A = The amount of the Accelerated Benefit.

B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the Accelerated Benefit to the earlier of (1) the date you die, and (2) the date you have a Right To Convert.

Your AD&D Insurance, if any, is not affected by payment of the Accelerated Benefit.

If there is no **Waiver Of Premium** provision, or if you do not qualify for **Waiver Of Premium**, the premium payment in effect prior to payment of the Accelerated Benefit must continue after payment of the Accelerated Benefit for Insurance coverage to remain inforce.

#### E. Exclusions

No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state, unless you give us a signed written consent from your spouse.
3. You have made an assignment of your Insurance, unless you give us a signed written consent from the assignee.
4. You have filed for bankruptcy, unless you give us written approval from the Bankruptcy Court for payment of the Accelerated Benefit.
5. You are required by a government agency to use the Accelerated Benefit to apply for, receive, or continue a government benefit or entitlement.
6. You have previously received an Accelerated Benefit under the Group Policy.

#### F. Definitions For Accelerated Benefit

Insurance means your Life Insurance Benefit under the Group Policy.

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## **RIGHT TO CONVERT**

### A. Right To Convert

You or your Dependents can apply to buy an individual policy of life insurance for you or your Dependents then attained age without Evidence Of Insurability if:

1. Insurance ends or is reduced due to a Qualifying Event; and
2. You or your Dependent apply in writing during the Conversion Period and pay us the first premium.

### B. Definitions For Right To Convert

1. Conversion Period means the 31 day period after the date of any termination or reduction of Insurance.
2. Insurance means all insurance for you and your Dependent under the Group Policy, excluding AD&D Insurance.
3. Qualifying Event
  - a. For the Member, Qualifying Event means any of the following except your failure to make a required premium contribution:
    1. Termination of employment or membership in the class or classes eligible for coverage under the Group Policy.
    2. Termination or amendment of the Group Policy.
    3. A change in eligible class.
    4. Attainment of a particular age.
    5. Termination of coverage continued under **Waiver Of Premium**.
    6. Termination of coverage continued under **Portability Of Insurance**.
    7. Any other event that causes your Insurance to terminate or reduce.
  - b. For the Dependent, Qualifying Event means any of the following except your failure to make a required premium contribution:
    1. Reduction or termination of your Life Insurance.
    2. Reduction or termination of Dependents Life Insurance.
    3. Reduction or termination due to attainment of a particular age.
    4. For your Child, no longer being dependent upon you for support and maintenance.
    5. For your Spouse, the divorce or annulment of your marriage.
    6. Any other event that causes your Dependents Life Insurance to terminate or reduce.
4. Total Disability means your incapacity, resulting from injury or disease, to engage in any occupation for remuneration or profit.
5. Permanent means your Total Disability has been continuous for a period of 6 months.

### C. Limits On Right To Convert

The minimum amount that may be converted is the standard minimum we issue. If the amount of Insurance which ended is below the standard minimum we issue, the entire amount must be converted. The maximum amount that may be converted is the amount of Insurance which ended. However, if the Member's Insurance ends due to termination of the Group Policy, the amount of the converted policy shall be reduced by the amount of any group insurance for which the Member may become eligible which is issued or reinstated within 45 days after Insurance ends.

#### D. The Individual Policy

1. For Members Whose Employment is Terminated Due To Total And Permanent Disability
  - a. You may convert your Life Insurance, but you may not convert any other additional benefits such as disability, accidental death and dismemberment, or accelerated benefits.
  - b. You may select any form of individual life insurance policy we customarily issue to the class of risk to which you belong, and to persons of your then attained age, including a term insurance policy, with the premium payable in any mode we customarily offer.
  - c. You may elect one year of term insurance to precede your individual life insurance plan.
2. For Members Whose Insurance Ends Due To Any Other Event
  - a. You may convert your Life Insurance, but you may not convert any other additional benefits such as disability, accidental death and dismemberment, or accelerated benefits.
  - b. You may select any form of individual life insurance policy we customarily issue to the class of risk to which you belong, and to persons of your then attained age, except a term insurance policy, with the premium payable in any mode we customarily offer.
  - c. You may elect one year of term insurance to precede your individual life insurance plan.
3. For Dependents
  - a. The Dependent may convert Dependents Life Insurance, but may not convert any other additional benefits such as disability, accidental death and dismemberment, or accelerated benefits.
  - b. The Dependent may select any form of individual life insurance policy we customarily issue to the class of risk to which the Dependent belongs, and to persons of that attained age, except a term insurance policy, with the premium payable in any mode we customarily offer.
  - c. The Dependent may elect one year of term insurance to precede the individual life insurance plan.
  - d. If the amount of the Dependent's Insurance which is ending is below the standard minimum we issue, the Dependent must convert the entire amount.

#### E. Effective Date

The individual policy of life insurance will become effective on the day after the 31 day Conversion Period. We will use our published rates for standard risks to determine the premium.

#### F. Notice Of Right To Convert

Written notice of the **Right To Convert** will be given to you or your Dependents within 15 days before or after a termination or reduction in your or your Dependents Insurance. If notice is not given within this time, the following will apply:

1. If notice is given more than 15 days but less than 90 days after this event, the **Right To Convert** shall be extended to 45 days after such notice is given.
2. If notice is not given within 90 days after this event, the **Right To Convert** shall expire at the end of the 90 days.

Full compliance with this provision will be satisfied by written notice that is:

1. Given to you by the Employer;
2. Mailed to you by the Employer to your last known address; or
3. Mailed to you by us to your last known address.

G. Death During The Conversion Period

If death occurs during the Conversion Period, or during the valid extension to such Conversion Period as explained in the Notice Of Right To Convert above, we will pay a death benefit equal to the maximum amount you or your Dependent had a **Right To Convert**, whether or not you or your Dependent applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

(DL REFS\_WOP REFS\_PORT REFS) LI.RC.NY.1X

## CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible.

Proof Of Loss for Waiver Of Premium must be provided within 12 months after the end of the Waiting Period, or as soon as reasonably possible. In no event, except in the absence of legal capacity, shall Proof Of Loss be provided later than two years after the end of the Waiting Period. We will require further Proof Of Loss at reasonable intervals, but not more often than once a year after you have been continuously Totally Disabled for two years.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss satisfactory to us.

D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by licensed medical specialists of our choice.

We reserve the right to make a reasonable request for an autopsy unless prohibited by law. Our request will clearly set forth the reasons why an autopsy is warranted.

E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied.

#### F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. With respect to all claims except Waiver Of Premium claims, within 90 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

With respect to Waiver Of Premium claims, within 45 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for 30 days. Before the end of this extension period we will send the claimant: (a) a written decision on the Waiver Of Premium claim; or (b) a notice that we are extending the period to decide the claim for an additional 30 days. If an extension is due to the claimant's failure to provide information necessary to decide the Waiver Of Premium claim, the extended time period for deciding the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

1. The reasons for our decision;
2. Reference to the parts of the Group Policy on which our decision is based;
3. Reference to any internal rule or guideline relied upon in deciding a **Waiver Of Premium** claim. Such internal rule or guidelines will not contain additional conditions for eligibility for **Waiver Of Premium**;
4. A description of any additional information needed to support the claim; and
5. Information concerning the claimant's right to a review of our decision.

#### G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing:

1. Within 180 days after receiving notice of the denial of a claim for Waiver Of Premium;
2. Within 60 days after receiving notice of denial of any other claim.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. With respect to all claims except Waiver Of Premium claims, within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.

With respect to Waiver Of Premium claims, within 45 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days.

If the extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may conclude our review of the claim based on the information we have received.

With respect to Waiver Of Premium claims, the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgment, the person conducting the review will consult with the qualified health care professional. This health care professional will be someone other than the person who made the original medical judgment and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for Waiver Of Premium.

If we deny any part of the claim on review, the claimant will receive a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Reference to any internal rule or guideline relied upon in deciding a **Waiver Of Premium** claim. Such internal rule or guidelines will not contain additional conditions for eligibility for **Waiver Of Premium**.
4. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.

The Group Policy does not provide voluntary alternative dispute resolution options. However, you may contact your local U.S. Department of Labor office and your State insurance regulatory agency for assistance.

(NO ERISA REFS) LI.CL.NY.3

## **TIME LIMITS ON LEGAL ACTIONS**

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than two years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

LI.TL.NY.1

## **ASSIGNMENT**

If the amount of your Life Insurance Benefit is less than \$25,000 you may not make an assignment.

Insurance, if any, on your Spouse or Child is not assignable.

If the amount of your Life Insurance Benefit is \$25,000 or more, you may make an absolute assignment of all insurance on you subject to all of the following:

1. The assignment must transfer all insurance on you under the Group Policy, including AD&D Insurance.
2. You may not make a collateral or partial assignment.
3. The assignment must be absolute and irrevocable. It must transfer the following rights:
  - a. The right to change the Beneficiary;
  - b. The right to buy an individual life insurance policy on your life under **Right To Convert**;
  - c. The right to receive AD&D Insurance Benefits for dismemberment.

In accordance with New York Insurance Regulation 143, Section 41.5(q), your right to apply for and receive an Accelerated Benefit may not be assigned.

4. The assignment will apply to all insurance on you in effect on the date of the assignment or becoming effective after that date.
5. The assignment may be to any person permitted by law.
6. The assignment will have no effect unless it is made in writing, signed by you, and delivered to the Policyholder in your lifetime. Neither we, the Policyholder, nor the Employer are responsible for the validity, sufficiency or effect of the assignment.
7. All accidental dismemberment benefits will be paid to the assignee. All death benefits will be paid according to the beneficiary designation on file with the Policyholder or Employer, and the **Benefit Payment And Beneficiary Provisions**.
8. The assignment will not change the Beneficiary, unless the assignee later changes the Beneficiary. Any payment we make according to the beneficiary designation on file with the Policyholder or Employer, and the **Benefit Payment And Beneficiary Provisions** will fully discharge us to the extent of the payment.

You may not make an assignment which is contrary to these rules.

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## **BENEFIT PAYMENT AND BENEFICIARY PROVISIONS**

### A. Payment Of Benefits

1. Except as provided in item 5 below, benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.
2. AD&D Insurance Benefits payable for Losses other than Loss of Life will be paid to the person who suffers the Loss for which the benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. The benefits below will be paid to you if you are living:
  - a. Dependents Life Insurance Benefits.
  - b. AD&D Insurance Benefits payable because of the death of your Spouse.
  - c. Accelerated Benefits.
4. Dependents Life Insurance Benefits payable because of the death of your Dependent which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
  - a. The children of the Dependent.
  - b. The parents of the Dependent.



- c. The brothers and sisters of the Dependent.
  - d. Your estate.
5. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. If you have no surviving Spouse or the requirements shown in items 3 and 4 of the Child Care Benefit are not met, then no Child Care Benefit will be paid and the Alternate Child Care Benefit will be paid in its place to the Beneficiary you name.

The Career Adjustment Benefit will be paid to your surviving Spouse. If you have no surviving Spouse or your Spouse does not meet the requirement shown in item 3 of the Career Adjust Benefit, then no Career Adjustment Benefit will be paid and the Alternate Career Adjustment Benefit will be paid in its place to the Beneficiary you name.

The Higher Education Benefit will be paid annually to each eligible Child. If you have no surviving Children, or your Child does not meet the requirements shown in item 3 of the Higher Education Benefit, then no Higher Education Benefit will be paid and the Alternate Higher Education Benefit will be paid in its place to the Beneficiary you name.

The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

#### B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

Your Beneficiary designation must be the same for Life Insurance and AD&D Insurance death benefits.

You may name or change Beneficiaries in writing. Writing includes a form signed by you or a verification from the Policyholder or Employer of an electronic designation made by you.

Your designation:

1. Must be dated;
2. Must be delivered to the Policyholder or Employer during your lifetime;
3. Must relate to the insurance provided under the Group Policy; and
4. Will take effect on the date it is delivered to the Policyholder or Employer.

If we approve it, a designation which meets the requirements of a Prior Plan will be accepted as your Beneficiary designation under the Group Policy.

#### C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

#### D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your spouse.
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

#### E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

Payment to a Recipient will be made in a lump sum.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

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### ALLOCATION OF AUTHORITY

When making a benefit determination under the Group Policy, we have discretionary authority to determine your eligibility for benefits and to interpret the terms and provisions of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
  - a. Eligibility for insurance.
  - b. Entitlement to benefits.
  - c. The amount of benefits payable.
  - d. The sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

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### INCONTESTABILITY PROVISIONS

#### A. Incontestability Of Insurance

Any statement you or your Dependent made to obtain insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

We will not use a misrepresentation to reduce or deny a claim or contest the validity of the insurance after the insured's insurance has been in effect for two years during the lifetime of the insured.

**B. Incontestability Of Group Policy**

Any statement made by the Policyholder to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or your Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or your Employer a copy of a written instrument signed by the Policyholder or your Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

(DL REFS) LI.IN.NY.1

**CLERICAL ERROR AND MISSTATEMENT**

**A. Clerical Error**

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured.
2. Invalidate insurance under the Group Policy otherwise validly in force.
3. Continue insurance under the Group Policy otherwise validly terminated.

**B. Agency**

The Policyholder and your Employer act on their own behalf as your agent, and not as our agent.

**C. Misstatement Of Age**

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

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**ENTIRE CONTRACT AND TERMINATION OR AMENDMENT OF THE GROUP POLICY**

The Group Policy and the application of the Policyholder constitute the entire contract between the Policyholder and us. A copy of the Policyholder's application is attached to the Group Policy when issued.

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole,

and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. Nothing in the Group Policy, or any amendment or endorsement to the Group Policy, invalidates or impairs any rights and benefits granted to you or your Dependent as stated in the Certificate, and the rights and benefits granted to you or your Dependent will not be less than those required by New York law. If the terms and conditions of coverage are changed by an amendment or endorsement to the Group Policy, we will provide the Policyholder with a revised Certificate, or Certificate amendment or endorsement, to be given to you.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

(DL REFS) LI.TA.NY.1

## **DEFINITIONS**

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work.

Annual Earnings includes:

1. Contributions you make through a salary reduction agreement with your Employer to:
  - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
  - b. An executive nonqualified deferred compensation arrangement.
2. Shift differential pay.
3. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.
4. Commissions averaged over the preceding 12 calendar months or over the period of your employment if less than this earnings period.

Annual Earnings does not include:

1. Overtime
2. Bonuses.
3. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
4. Any other extra compensation.

Annual Enrollment Period means the 90-day period designated each year by your Employer and agreed to by us when you may change insurance elections. The Annual Enrollment Period will expire at the end of the Initial Rate Guarantee Period.

Child means:

1. Your unmarried child from live birth through age 23, (age 25 if a registered student in full time attendance at an accredited educational institution), who is dependent upon you for support and maintenance; or

2. Your unmarried child who is dependent upon you for support and maintenance and meets either of the following requirements:
  - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
  - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child;
- ii. Your stepchild if living in your home;

Your Child is Disabled if your child is:

- i. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
- ii. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or b) the effective date of your Employer's coverage under the Group Policy if your Child is Disabled on that date. At reasonable intervals thereafter, we may require further proof your Child is Disabled, and have your Child examined at our expense.

Contributory means insurance is elective and Members pay all or part of the premium for insurance.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Features**.

Employer means an employer (including approved affiliates and subsidiaries) for which coverage under the Group Policy is approved in writing by us. See **Coverage Features**.

Evidence Of Insurability means an applicant must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about the applicant's health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about the applicant's insurability that we may reasonably require.

Group Policy means the group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Injury means an injury to your body.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

Physician means a licensed medical professional acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group life insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness, or disease.

Spouse means:

1. A person to whom you are legally married; or
2. Your Domestic Partner. Domestic Partner means an unmarried adult:
  - a. With whom you have completed an affidavit of declaration of domestic partnership and submitted that affidavit to the Policyholder, or with whom you have registered that domestic partnership where permitted by law; and
  - b. Who is the only adult with whom you have completed an affidavit of domestic partnership, or with whom you have registered a domestic partnership, within the last 12 months; and
  - c. Who is not related to you by blood in any manner that would bar marriage in your state of residence; and
  - d. With whom you share permanent residence; and
  - e. With whom you share financial interdependence, as demonstrated by two or more of the following:
    - (1) A joint bank or credit account.
    - (2) The joint ownership or lease of a residence as joint tenants.
    - (3) The joint ownership of a motor vehicle.
    - (4) A joint obligation for repayment of a loan.
    - (5) The status as authorized signatory on the other's bank account, credit card, or charge card.
    - (6) The joint ownership or holding of investments or real estate other than your shared residence.
    - (7) The designation as beneficiary under the other's life insurance policy.
    - (8) The designation as beneficiary under the other's retirement benefits account.
    - (9) The execution of wills naming each other as executor and/or beneficiary.
    - (10) Assignment as the other's durable power of attorney or health care power of attorney.
    - (11) Any other proof that is sufficient to establish economic mutual dependency under the circumstances of the specific case.

However, for purposes of insurance under the Group Policy, Spouse does not include a person from whom you are divorced or a person from whom you have terminated your Domestic Partner relationship as defined under the Group Policy.

**[(REG WITH COM\_WITH CHILD DEF\_DOMP) LI2.DF.NY.1]**

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## **AMENDMENT TO GROUP CERTIFICATE**

Members insured under Group Policy 645228-C issued to  
New York State Correctional Officers Police Benevolent Association as Policyholder.

Effective February 14, 2008 and subject to the **Active Work Provisions**, certain Evidence Of Insurability requirements will be waived with respect to Plan 2 Life Insurance and Dependents Life Insurance for Members who enroll during the open enrollment period of February 14, 2008 to May 19, 2008. However, we will not waive the Evidence Of Insurability requirements if you, your Spouse or Child previously submitted evidence of good health that was not approved.

1. If you were eligible but not insured for Plan 2 Life Insurance under the Group Policy on February 14, 2008, Evidence of Insurability requirement a. and f. will be waived if you apply for Plan 2 Life Insurance up to the Guarantee Issue Amount during the open enrollment period.
2. If you were insured for Plan 2 Life Insurance on the day before the open enrollment begins for an amount less than the Guarantee Issue Amount, Evidence of Insurability requirement f. will be waived if you apply for a one level increase in your Plan 2 Life Insurance up to the Guarantee Issue Amount during the open enrollment period.
3. If your Spouse and/or Child were eligible but not insured for dependents life insurance under the Group Policy on February 14, 2008, Evidence of Insurability requirement a. and f. will be waived if you apply for Dependents Life Insurance for your Spouse and/or Child during the open enrollment period.
4. If your Spouse was insured for dependents life insurance under the Group Policy on February 14, 2008 Evidence of Insurability requirement f. will be waived if you apply for an increase in Dependents Life Insurance for a one increment increase up to the Guarantee Issue Amount for your Spouse during the open enrollment period.

Life Insurance and Dependents Life Insurance elected during this open enrollment period becomes effective on the later of:

The date your Evidence of Insurability was approved if Evidence of Insurability was required; or

The date you applied.

Please attach this amendment to your Certificate.

## **AMENDMENT TO GROUP CERTIFICATE**

Members insured under Group Policy 645228-C issued to  
New York State Correctional Officers Police Benevolent Association as Policyholder.

Effective January 1, 2009, the Group Policy has been amended to provide the definition of Child as contained in the **DEFINITION** section:

Child means:

1. Your unmarried child from live birth through age 23, (age 25 if a registered student in full time attendance at an accredited educational institution), who is dependent upon you for support and maintenance; or
2. Your unmarried child who is dependent upon you for support and maintenance and meets either of the following requirements:
  - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
  - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child;
- ii. Your stepchild if living in your home;

Your Child is Disabled if your child is:

- i. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
- ii. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or b) the effective date of your Employer's coverage under the Group Policy if your Child is Disabled on that date. At reasonable intervals thereafter, we may require further proof your Child is Disabled, and have your Child examined at our expense.

Please attach this amendment to your Certificate.



## AMENDMENT TO GROUP CERTIFICATE

Members insured under Group Policy 645228-C issued to  
New York State Correctional Officers Police Benevolent Association as Policyholder.

Effective as of the applicable dates below and subject to the **ACTIVE WORK PROVISIONS**, the Group Policy is amended to provide the following:

1. January 9, 2008, the SCHEDULE OF INSURANCE portion of the **COVERAGE FEATURES** is amended to provide the following Life Insurance Benefit Plan 2 (additional) and Dependents Life Insurance Benefit for Members who were enrolled prior to January 9, 2008 but whose amount were outside of the available options:

Life Insurance Benefit:

Plan 2 (additional)

Your Plan 2 (additional) will be the amount inforce with the prior carrier prior January 9, 2008.

For your Spouse  
Dependents Life Insurance:

Your Dependents Life Insurance will be the amount inforce with the prior carrier prior January 9, 2008.

2. Effective January 1, 2009, the BECOMING INSURED portion of the **COVERAGE FEATURES** is amended to provide the following Definition of Member:

Definition of Member:

You are a Member if you are one of the following:

1. An active employee of the Policyholder regularly working at least 20 hours each week;
2. A member in good standing with the Policyholder; or
3. A Retired Member.

You are not a Member if you are:

1. A temporary or seasonal employee.
2. A leased employee.
3. An independent contractor.
4. A full time member of the armed forces of any country.

3. Effective January 1, 2009 the **ACTIVE WORK PROVISIONS** is amended by the addition of the following statement:

The **ACTIVE WORK PROVISIONS** applies only to employees of the New York State Correctional Officers and Police Benevolent Association, Inc. and does not apply to members in good standing with the Policyholder.

Please attach this amendment to your Certificate.

## **AMENDMENT TO GROUP CERTIFICATE**

Members insured under Group Policy 645228-C issued to  
New York State Correctional Officers and Police Benevolent Association, Inc. as Policyholder.

Effective January 1, 2015, Spouse means of the **Definitions** section has been amended to read as follows:

Spouse means:

1. A person to whom you are legally married; or
2. Your Domestic Partner. Domestic Partner means an unmarried adult:
  - a. With whom you have completed an affidavit of declaration of domestic partnership and submitted that affidavit to the Policyholder, or with whom you have registered that domestic partnership where permitted by law; and
  - b. Who is the only adult with whom you have completed an affidavit of domestic partnership, or with whom you have registered a domestic partnership, within the last 12 months; and
  - c. Who is not related to you by blood in any manner that would bar marriage in your state of residence; and
  - d. With whom you share permanent residence; and
  - e. With whom you share financial interdependence, as demonstrated by two or more of the following:
    - (1) A joint bank or credit account.
    - (2) The joint ownership or lease of a residence as joint tenants.
    - (3) The joint ownership of a motor vehicle.
    - (4) A joint obligation for repayment of a loan.
    - (5) The status as authorized signatory on the other's bank account, credit card, or charge card.
    - (6) The joint ownership or holding of investments or real estate other than your shared residence.
    - (7) The designation as beneficiary under the other's life insurance policy.
    - (8) The designation as beneficiary under the other's retirement benefits account.
    - (9) The execution of wills naming each other as executor and/or beneficiary.
    - (10) Assignment as the other's durable power of attorney or health care power of attorney.
    - (11) Any other proof that is sufficient to establish economic mutual dependency under the circumstances of the specific case.

However, for purposes of insurance under the Group Policy, Spouse does not include a person from whom you are divorced or a person from whom you have terminated your Domestic Partner relationship as defined under the Group Policy.

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Please attach this notice to your certificate.