



GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



UNDERWRITTEN BY
New York Life
Insurance Company

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Portable Protection

Coverage under the NSPE Group Accidental Death & Dismemberment (AD&D) Insurance Plan is completely portable, staying with you even if you change jobs. Your coverage continues as long as the group policy remains in effect, you maintain your NSPE membership, and you pay your premiums when due.

ELIGIBILITY REQUIREMENTS

Acceptance is guaranteed for all eligible members and Society Affiliates residing in an eligible state of the United States¹ (except territories), Puerto Rico, or Canada (except Quebec). Acceptance is also guaranteed for your lawful spouse/domestic partner through age 59 and unmarried dependent children between the ages of 1 and 26 (including legally adopted children and stepchildren) if you elect to include them in the coverage. **Ineligible states include:** FL, ME, MS, NC, OR, WA, TX, OH, VT, DE, MT, SD, WV, LA

¹ Certain state eligibility restrictions apply.

CHOICE OF BENEFITS

Group AD&D coverage is not a substitute for life or health insurance. The plan is designed to be an important addition to a personal insurance portfolio, providing substantial coverage at competitive rates for an accidental death. Select your benefit level from \$50,000 to \$250,000 (in \$50,000 increments). Then decide if you want coverage for yourself or for your entire family. If you also elect spousal/domestic partner coverage, their maximum benefit will be equal to 40% of your benefit. The maximum benefit payable for dependent children will equal 10% of your benefit.

You'll be protected 24 hours a day at home, at work, or on the road—even while vacationing—see benefit schedule for covered accidents.



Every 3 minutes, **1 person** in the United States dies from an unintentional injury.¹

¹"Key Injury and Violence Data." Centers for Disease Control and Prevention. Web. 8 December 2015.

As a member of the NSPE, you can help safeguard your assets from the devastating impact of a serious injury or accidental death by applying for NSPE Group Accidental Death & Dismemberment Insurance.²

Offering competitive rates, this plan gives you access to the added protection your family may need in the event of a catastrophe.

- Supplemental benefit levels from \$50,000 to \$250,000, in \$50,000 increments
- Constant coverage—around-the-clock and worldwide³
- Guaranteed acceptance—for you and your family
- Repatriation benefit—helps with return of an insured's body when a covered death occurs in another state or country

² Subject to U.S. government regulations on restricted countries.

³ This program may vary and may not be available to residents of all states.

For questions, contact
your sales representative
at 800.438.2366.



Protecting Your Priorities and Principles

Benefit Schedule

You will be paid a percentage of your total benefit amount based on the loss suffered, as detailed below:

100% benefit covered for:

• Accidental loss of life

- Loss of two limbs
- Loss of sight in both eyes
- Loss of one limb and sight in one eye
- Loss of speech and hearing
- Loss of movement of both upper and lower limbs (quadriplegia)

75% benefit covered for:

- Loss of movement of both lower limbs (paraplegia)

50% benefit covered for:

- Loss of one limb
- Loss of sight in one eye
- Loss of movement of both upper and lower limbs on one side of body (hemiplegia)
- Loss of speech or hearing

DEFINING LOSSES

The following losses are covered when they result from and occur within 180 days after accidental bodily injuries are sustained by the insured:

- Loss of hand means actual severance through or above the wrist
- Loss of foot means actual severance through or above the ankle
- Loss of sight must be entire and irrecoverable

Benefits are not payable for any loss due to intentionally self-inflicted injury or suicide while sane or insane; disease; infection (except for infections which occur through an accidental cut or wound); or war or acts of war other than as a victim, air travel, crime, military service and treatment.

REPATRIATION BENEFIT

If an insured person's death occurs outside the territorial limits of the state or country of his or her permanent residence, and is a covered loss, the plan will pay a repatriation benefit that is the lesser of: (a) the actual cost of cremation or preparing the body for burial and transportation of the body to the burial or cremation site; or (b) 2% of the principal sum or \$2,500.

The repatriation benefit is limited to: (a) preparation of the body for burial or cremation; and (b) transportation of the body to the place of burial or cremation.

EFFECTIVE DATE OF COVERAGE

Your coverage will become effective on the day of approval of your application by New York Life Insurance Company, and you are performing normal activities of a person of like age on that day. If you elect spousal/domestic partner or dependent coverage when you enroll, that coverage will become effective when yours does. If you wish to add spousal/domestic partner or dependent coverage after you enroll, that coverage will become effective on the date of approval of your application by New York Life Insurance Company.

30-DAY FREE LOOK

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

DISCLAIMER

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by New York Life detail exclusions, limitations, reduction of benefits, and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the master policy issued to the policyholder.

This brochure is intended to describe only principle features of the NSPE Group Accidental Death & Dismemberment Insurance Plan and is not a contract. For complete details on this plan, including features, costs, eligibility, renewability, limitations, and exclusions, see the Certificate of Insurance.



GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Current 2016 Semiannual Premium Rates

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE				
Benefit Amount Options			Premiums	
MEMBER	SPOUSE	CHILDREN	MEMBER ONLY	MEMBER & FAMILY
\$50,000	\$20,000	\$5,000	\$16.50	\$27.00
\$100,000	\$40,000	\$10,000	\$33.00	\$54.00
\$150,000	\$60,000	\$15,000	\$49.50	\$81.00
\$200,000	\$80,000	\$20,000	\$66.00	\$108.00
\$250,000	\$100,000	\$12,500	\$82.50	\$135.00

The premium contributions shown reflect the current rates (as of January 1, 2016) and benefit structure. Premium contributions may be changed by New York Life on any premium due date but not more than once in any 12-month period, and on any date on which benefits are changed. Your rate may change only if it is changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Rates shown are paid semiannually on April 1 and October 1. Benefit option amounts are subject to change by agreement between New York Life and the NSPE Board of Trustees.



Protecting Your Priorities and Principles

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Important Notice: How New York Life Obtains Information and Underwrites Your Request for Group Accidental Death & Dismemberment Insurance

In this notice, references to “you” and “your” include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. (“MIB”). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory, or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION. MIB and other insurance companies may also furnish New York Life, its subsidiaries, or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing, however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a “need to know” basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured.

Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction.

MIB's information office is: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901 (TTY 866 346-3642). For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: PROTECTED PERSONS¹ have a right of access to certain CONFIDENTIAL ABUSE INFORMATION² we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth, and address.

¹ PROTECTED PERSON means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.

² CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

New York Life Insurance Company

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For More Information, or to Apply for Coverage

Complete and return the NSPE Group Term Life Insurance application form included with this brochure. You may also call the NSPE Plan Administrator at 800-438-2366, or visit nspeinsurance.com. For complete details on this plan, including features, costs, eligibility, renewability, limitations and exclusion, see the Certificate of Insurance.

Sponsored by:



800.438.2366

Underwritten by:



51 Madison Avenue,
New York, NY 10010

Under policy form GMR/G-30220-0/FACE.
New York Life Insurance Company is rated A++ by A.M.
Best for financial strength (6/9/16)

Brokered & Administered by:



PEARL INSURANCE®

1200 E. Glen Ave.
Peoria Heights, IL 61616-5348
pearlinsurance.com

Pearl Insurance solicits insurance on behalf of New York Life and receives compensation, which may vary depending on certain factors, based on the sale of insurance. For additional compensation information, please call Pearl Insurance at 800.438.2366.

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