PARTNER LOGO FPO

Putting Benefits To Work For People℠

Extra financial support in times of need

New York Life Group Benefit Solutions [Critical Illness][Specified Disease] insurance



When faced with a major illness or disease, the last thing you should be worried about is your finances. Our [critical illness][specified disease] insurance offers a lump-sum benefit to provide financial help during challenging health times, such as a [heart attack], [stroke], or [cancer diagnosis]. You have control over how to use the money.

Who is eligible for [critical illness][specified disease] insurance?
[All active [full-time [employees][associates][members][participants]] regularly working a minimum of [30] hours per week are eligible for coverage.]

What is my coverage?

	Benefit amount	Guaranteed issue amount*	Multiple (benefit) payments**
[Employee]	[$1,000 - $100,000]	[$1,000 - $100,000]	[Not Available] [[100%] of the Benefit Amount] [100% of the Benefit Amount]
[Spouse]/[Domestic Partner*]**	[$1,000 - $100,000]	[$1,000 - $100,000]	[Not Available] [[100%] of the Benefit Amount] [100% of the Benefit Amount]
[Dependent Child(ren)]	[$1,000 - $100,000]	[$1,000 - $100,000]	[Not Available] [[100%] of the Benefit Amount] [100% of the Benefit Amount]

What are some of the covered conditions under this plan?

Covered Conditions	[Plan 1]	[Plan 2]
[Stroke]	[5%-300%]	[5%-300%]
[Heart attack [including sudden cardiac arrest]]	[5%-300%]	[5%-300%]
[Sudden cardiac arrest]	[5%-300%]	[5%-300%]
[[Coronary artery disease [(with bypass)]]	[5%-300%]	[5%-300%]
[Coronary artery disease (with coronary intervention)]	[5%-300%]	[5%-300%]
[Major organ failure]	[5%-300%]	[5%-300%]
[End stage (renal) kidney failure]	[5%-300%]	[5%-300%]
[Invasive cancer [(includes stage 0 breast cancer)]]	[5%-300%]	[5%-300%]
[Non-invasive cancer]	[5%-300%]	[5%-300%]
[Skin cancer]	[1%-300%]	[1%-300%]

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NEW YORK LIFE GROUP BENEFIT SOLUTIONS

[Health screening [benefits][incentives]]
[Our health screening [benefit][incentive] provides additional payments for taking care of your health. [There are two levels of health screening [benefits][incentives], outlined below:]

	[Plan 1]	[Plan 2]
[Health screening [benefit][incentive]] Provides a payment if you, [your covered spouse, and covered dependent child(ren)] complete a health screening test.]	[$50] per screening, limited to [10] per calendar year[1]	[$50] per screening, limited to [10] per calendar year[1]
[Affiliated health care provider health screening [benefit][incentive] Provides a larger payment if you receive a health screening test at a facility that is owned by your employer.]	[$150]	[$150]

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[What other benefits are offered as part of my coverage?
Your [critical illness][specified disease] insurance may include access to benefits that can help in certain scenarios, available on your first day of coverage.]

- **[No premium payments in certain situations (also known as "Waiver of Premium")]**
  If you are unable to work due to a disability [prior to age [Waiver of Premium – disabled before age]], and you have been unable to work [for [Waiver of Premium – Elimination Period] months], we will waive the premium for [critical illness][specified disease] insurance for you [and your dependents] while you are unable to work due to a covered loss for up to [Waiver of Premium – Disability Duration] months.
- **[Take your [critical illness][specified disease] coverage with you if you leave your job (also known as "portability")[2]]**
  If your employment is terminated, you can continue your [critical illness][specified disease] insurance, [and [critical illness][specified disease] insurance for your insured [spouse] [and] [dependent children],] on a direct-bill basis.
- **[Support for your health care questions.]**
  Through our Health Care Support program, you'll have access to trained advocates and registered nurses to help you effectively navigate your health care plan and provide support for your questions and concerns.[3]

[Contact [contact name/department] to] review the [critical illness][specified disease] insurance benefits summary and policy documents to learn more about plan details, exclusions, and limitations.]

[For more information, [call [Phone Number] to speak with [contact name/department]/ [email [abc@abc.com] / visit [www.companyintranetsite.com]].

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[Certain pre-existing conditions may not be covered by your [critical illness][specified disease] benefits. A pre-existing condition is a sickness or physical condition that existed within the [12] month period before your effective date. Therefore, benefits will not be paid for a health condition that you have in the [12] months before you sign up for [critical illness][specified disease] insurance coverage. This also applies if you already have [critical illness][specified disease] insurance and are increasing or adding to your existing benefit coverage.]

[*If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply. Coverage will not be issued until the insurance company approves acceptable proof of good health.]

[** Multiple payments – For a covered person to be eligible for more than one benefit payment, the diagnosis is either considered an additional [critical illness][specified disease] benefit or a recurrence benefit. Additional [critical illness][specified disease] benefit: pays a benefit if the covered person experiences a diagnosis which is a different [critical illness][specified disease] from which a benefit was already paid while coverage is in force. Recurrence benefit: pays a benefit if the covered person experiences a subsequent diagnosis which is the same [critical illness][specified disease] from which a benefit was already paid, while coverage is in force. For multiple payments to be payable, the separation periods must be met. [(NY only) Limit of 1 additional time per applicable condition, see certificate of coverage for details.]]

[*** Domestic partner is defined in the group policy. For purposes of this brochure, wherever the term spouse appears, it shall also include domestic partner registered under any state which legally recognizes domestic partnerships or civil unions. Additional information is available from your benefit services representative.]

[1] The benefit is only payable once per day even if multiple Health Screenings are provided in a single day.

[2] Portability is referred to as Continuation due to loss of Eligibility in some states. Refer to your certificate.

[3] These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. This service is provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. Not available for individuals who reside in Washington.

[Critical illness][Specified disease] insurance is a limited benefit policy. This product is not health care insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. This product is issued by New York Life Insurance and Annuity Corporation (NYLIAC), a subsidiary of New York Life Insurance Company. Policy provisions and product availability may vary by state. Policy form: [Critical illness: [[GBS-CI-1000.00 [GBS-CI-1000.NM]][Specified disease: GBS-CI-1000.NY].

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Coverage Options- Table Variables

[Flat Benefit]

	Benefit amount	Guaranteed issue amount*	Multiple (benefit) payments**
[Employee]	[$1,000]	[$1,000]	[Not Available] [[100%] of the Benefit Amount] [100% of the Benefit Amount]
[Spouse]/[Domestic Partner*]**	[$1,000]	[$1,000]	[Not Available] [[100%] of the Benefit Amount] [100% of the Benefit Amount]
[Dependent Child(ren)]	[$1,000]	[$1,000]	[Not Available] [[100%] of the Benefit Amount] [100% of the Benefit Amount]

[Multiple Flat Benefit]

	Benefit amount	Guaranteed issue amount*	Multiple (benefit) payments**
[Employee]	[$1,000] [$5,000] [$10,000]	[$1,000]	[Not Available] [[100%] of the Benefit Amount] [100% of the Benefit Amount]
[Spouse]/[Domestic Partner*]**	[$1,000] [$5,000] [$10,000]	[$1,000]	[Not Available] [[100%] of the Benefit Amount] [100% of the Benefit Amount]
[Dependent Child(ren)]	[$1,000] [$5,000] [$10,000]	[$1,000]	[Not Available] [[100%] of the Benefit Amount] [100% of the Benefit Amount]

[Increments]

	Benefit amount	Guaranteed issue amount*	Multiple (benefit) payments**
[Employee]	Increments of [$5,000] to a maximum of [$100,000]	[$1,000]	[Not Available] [[100%] of the Benefit Amount]
[Spouse]/[Domestic Partner*]**	Increments of [$5,000] to a maximum of [$100,000]	[$1,000]	[Not Available] [[100%] of the Benefit Amount]
[Dependent Child(ren)]	Increments of [$5,000] to a maximum of [$100,000]	[$1,000]	[Not Available] [[100%] of the Benefit Amount]

[Increments- New York only]

	Benefit amount	Guaranteed issue amount*	Multiple (benefit) payments**
[Employee]	Increments of [$1,000] to a maximum of [$100,000]	[$1,000]	[Not Available] [100% of the Benefit Amount]
[Spouse]/[Domestic Partner*]**	Increments of [$1,000] to a maximum of [$100,000]	[$1,000]	[Not Available] [100% of the Benefit Amount]
[Dependent Child(ren)]	Increments of [$1,000] to a maximum of [$100,000]	[$1,000]	[Not Available] [100% of the Benefit Amount]

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Covered Conditions Chart

[New York only]

Covered Conditions	[Plan 1]	[Plan 2]
[Stroke] **[Transient Ischemic Attack (TIA)]**	[5%-300%] [5%-300%]	[5%-300%] [5%-300%]
[[Heart attack] [including sudden cardiac arrest]]	[5%-300%]	[5%-300%]
[Coronary artery disease (with bypass or coronary intervention]	[5%-300%]	[5%-300%]
[Major organ failure]	[5%-300%]	[5%-300%]
[End stage (renal) kidney failure]	[5%-300%]	[5%-300%]
[[Invasive cancer [(includes stage 0 breast cancer)]]	[5%-300%]	[5%-300%]
[Non-invasive cancer]	[5%-300%]	[5%-300%]
[Skin cancer]	[1%-300%]	[1%-300%]

[New Mexico]

Covered Conditions	[Plan 1]	[Plan 2]
[Stroke]	[5%-300%]	[5%-300%]
[[Heart attack] [including sudden cardiac arrest]]	[5%-300%]	[5%-300%]
[Coronary artery disease (with bypass or coronary intervention]	[5%-300%]	[5%-300%]
[[Major organ failure [(including end stage (renal) kidney failure)]]	[5%-300%]	[5%-300%]
[[Invasive cancer [(includes stage 0 breast cancer)]]	[5%-300%]	[5%-300%]
[Non-invasive cancer]	[5%-300%]	[5%-300%]
[Skin cancer]	[1%-300%]	[1%-300%]

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Alternate Waiver of Premium Language

[If you are unable to work due to a disability and you have been unable to work [for [Waiver of Premium – Disability Elimination Period] months,] we will waive the premium for [critical illness][specified disease] insurance for you [and your dependents] while you are unable to work due to a covered loss for up to [Waiver of Premium - Disability Duration] months.]

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