



Group Accidental Death & Dismemberment

Insurance Plan

FOR NEW JERSEY SOCIETY OF CPAS MEMBERS, & THEIR FAMILIES

Why not join the millions of insureds who have chosen to help protect their families with **New York Life Insurance Company?**



As a member of the New Jersey Society of CPAs, you have an opportunity others don't. The NJCPA Insurance Program has put together best-in-class features on Group Accidental Death & Dismemberment Insurance that help protect your income, your family, and your obligations if you are unable to work.



Guaranteed Coverage

You are guaranteed coverage—no medical questions to answer and no medical exam. Simply fill out and send in the enrollment form and pay your premiums when due.



Affordability

The NJCPA Insurance Program gives you access to group buying power. Unlike plans you might find in the general market, you get the benefit of your group association. Plus, as part of a group plan, you can never be singled out for a rate increase.



Advocacy

For decades, the NJCPA has been sponsoring customized plans to meet the needs of New Jersey's accounting professionals. Our plan administrator, USI Affinity, employs a team to answer questions and help you understand your options. We're your advocate, and we work hard to understand and anticipate your needs as an accounting professional.



Stability

NJCPA and USI Affinity have gone through the paces of due diligence to ensure that you're getting coverage from a respected insurance carrier. This plan is underwritten by New York Life, a leading insurance provider who is rated A++ (Superior) by A.M. Best for financial strength and is a recognized leader in service and claims experience¹.

30-Day Free Look

Once your coverage is approved, you will be sent a Certificate of Insurance summarizing your benefits under the Plan. If you are not completely satisfied with the terms of the Certificate, you may return it, without claim, within 30 days. We will refund your entire premium contribution and invalidate your coverage.



Eligibility & Coverage Amounts

Eligibility

Members of the New Jersey Society of CPAs who are under age 60, residents of the U.S., and actively engaged in FULL-TIME WORK for at least 30 hours per week may enroll for coverage². Members may also enroll their lawful spouses who are under age 60, residents of the U.S., and not in military service, as well as unmarried dependent children who are ages 15 days to 19 years (age 23, if a full-time student).

Your Choice of Coverage Amount

NJCPA members may choose to enroll for these coverage amounts (member coverage is in \$50,000 increments):

Member Only	\$100,000 to \$300,000
Member and Spouse	Member: \$100,000 to \$300,000 Spouse: Equal to the Member Amount
Member and Child(ren)	Member: \$100,000 to \$300,000 Each child: 10% of Member Amount
Member, Spouse, and Child(ren)	Member: \$100,000 to \$300,000 Spouse: 90% of Member Amount Each child: 10% of Member Amount



Standard Plan Features

Seat Belt Benefit

This plan includes a Seat Belt Benefit of 10% of the insured person's in-force coverage (up to \$25,000). The benefit is payable if the insured person dies as a direct result of injuries from an automobile accident. They must have been properly wearing an unaltered, manufacturer-installed seat belt, and the death from the accident was within 90 days.

Child Care Benefit

If you have dependent child coverage in force and you die in a covered accident, this benefit pays an annual sum of the lesser of: 1) the actual cost of child care for one year; 2) 3% of your in-force coverage; or 3) \$3,000. Your insured dependent child must be under the age of 7 and enrolled in a legally-licensed child care facility on the date you die or must become enrolled within 365 days of your death. The benefit continues to pay annually for each insured dependent child up to four years after your death, until they cease child care enrollment, they reach age 7, or the maximum benefit payable of \$12,000 is attained.

Education Benefit

If you have dependent child coverage in force and you die in a covered accident, this benefit pays 3% of your in-force coverage (up to \$3,000 per year for up to four years). Your insured dependent child must be enrolled as a full-time student at an accredited college or university on the date you die or must become enrolled within 365 days of your death. If your dependent child does not meet the enrollment requirement, your beneficiary will receive a \$1,000 benefit.

Worldwide Coverage

Once your coverage is effective, you are protected wherever you travel—whether for business or personal—as long as you remain a U.S. resident³.

Portability

Access to this plan is through your association membership. Unlike employer-based coverage, this plan is portable which means that if you change jobs, your coverage does not terminate.

- 1: Third Party Ratings Report as of 8/11/2015.
- 2: FULL-TIME WORK is defined as actively performing the regular duties of your occupation, for pay or profit, on a basis of at least 30 hours per week at a place where such duties are normally performed or other location to which travel is required.
- 3: Subject to U.S. government regulations on restricted countries.

Summary of Terms & Conditions

When Coverage Begins

For NJCPA members—and if proposed for coverage, their spouses and dependent children—coverage becomes effective on the date specified by New York Life, provided the initial premium is paid within 31 days after billing. Payment of a premium contribution does not mean coverage is in force.

Benefit Payments

When injuries (caused by a covered accident) result in death or dismemberment within 180 days of an accident and the insurance company receives the required proof, this plan will pay:

Benefit Payment	For the Loss of:
100%	Life; speech & hearing; two limbs; sight of both eyes; or one limb & sight of one eye
50%	Speech; hearing; one limb; or sight of one eye
25%	Thumb & index finger on the same hand

Only one amount, the largest to which you are entitled, is paid for all losses resulting from one accident. Loss of sight means total loss of sight which cannot be restored by surgical or other means; loss of limb means severed at or above the wrist or above the ankle; loss of speech or hearing means entire and irrecoverable loss thereof, which cannot be restored by surgical or mechanical means; loss of thumb and index finger means actual severance through or above the metacarpophalangeal joints.

When Coverage Ends

Coverage will remain in force until the earlier of: a) you reach age 70; b) failure to pay premiums when due; c) you discontinue membership in the association; d) you enter into full-time military service; e) the Group Policy is terminated by New York Life or the Policyholder; f) the Group Policy is modified to exclude the class of insured in which you belong; g) you cease FULL-TIME WORK; h) when benefits have been paid; or i) you elect to end coverage.

Spouse coverage ends on the earlier of: the end of the premium-paying period during which a) the marriage ends in divorce or annulment; b) the spouse becomes an insured member; c) the spouse turns age 70; d) when benefits have been paid; or e) the member's coverage ends.

Dependent child coverage will remain in force until the earlier of: a) the date premium payment is discontinued; b) the date the group policy is terminated by New York Life or the Policyholder; c) the date the member's coverage terminates; d) when benefits have been paid; or e) the dependent child no longer meets eligibility requirements.

Exclusions

No AD&D benefits will be payable for any loss that occurs during or is due or related to: suicide or attempted suicide or intentionally self-inflicted injury, while sane or insane; insurrection, riot, war or while in service as a full-time member of the military service of any country; the committing of, or the attempting to commit, an assault or felony or participation in (except as a victim) or incarceration resulting from an illegal occupation or activity; disease or disorder of the body or mind; medical or surgical treatment or diagnosis or preventive care; bacterial infection except when resulting from purely accidental circumstances; the taking of i) drugs and intoxicants (except drugs taken as prescribed by a doctor) or ii) poison, or inhaling of gas (except that, losses which are the result of accidental ingestion of poison or inhaling of poisonous gas is not excluded); travel in, travel on, fall or descent from any aircraft, unless while traveling as a fare-paying passenger on a licensed commercial, non-military aircraft.

Current Annual Premiums per \$1,000 of Coverage*

Member Only	\$ 0.70
Member & Spouse	\$ 1.40
Member & Child(ren)	\$ 0.77
Member, Spouse, & Child(ren)	\$ 1.40

*TEXAS RESIDENTS: Do not use this chart. Please contact the administrator for additional information applicable to your state.

The premium contributions shown reflect the current rates and benefit structure. Premium contributions may be changed by New York Life on any premium due date and any date on which premiums are changed. However, your rates may change only if they are changed for all others in the same class of insureds under this group policy.

How New York Life Obtains Information and Underwrites Your Request for Group 10-Yr. Term Life 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). 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.

This Summary contains a brief description of some of the principal provisions of the proposed insurance coverage. Complete terms and conditions are set forth in the group policy issued by New York Life to the New Jersey Society of CPAs, and each insured will receive a Certificate of Insurance containing all the benefits and coverage provisions provided under Group Policy G-29468-0 on policy form GMR-FACE/G-29468-0. This group life policy is available only in the U.S.

NJCPA is compensated in connection with this sponsored group plan to provide and maintain this valuable membership benefit.

Do you have questions about this coverage? Or do you need to file a claim?
Call our customer care center for more information or for the necessary forms:
855.874.0278 • Monday - Friday, 9 a.m. to 5 p.m. (ET)



AFFINITY

Administered By:

USI AFFINITY

14 Cliffwood Avenue, Suite 310

Matawan, NJ 07747 | 1.855.874.0278

AR Ins. Lic # is 325944 | CA Ins. Lic # is OG11911



Underwritten By:

NEW YORK LIFE INSURANCE COMPANY

51 Madison Avenue | New York, NY 10010

Under Group Policy G-29468-0

on Policy Form G-29468-0/GMR-FACE



TO APPLY: Complete this form and return it to USI AFFINITY, 14 Cliffwood Avenue, Suite 310, Matawan, NJ 07747
 Please print in ink or type all answers. Do not use correction fluid or gel pens. Initial and date any changes.

1. MEMBER INFORMATION:

 Last Name First Name M.I.

 Street Address City State Zip Code

() () ()

 Home Phone Number Office Phone Number Fax Number

 Home E-mail Address Office E-mail Address

Social Security #: ____ - ____ - ____ Date of Birth: ____/____/____ Sex: Male Female

Marital Status: Married Divorced Single Widowed Civil Union* Domestic Partner*

*Eligibility of Domestic Partner/Civil Union is determined by state law. (Call administrator for Declaration of Domestic Partnership form to complete and return with application. Not applicable in OR.)

Are you now a member of the New Jersey Society of Certified Public Accountants?

Yes No If yes, Member ID#: _____

Are you presently insured by any other NJCPA-sponsored plan? Yes No

If yes, provide details: _____

Do you or your spouse plan to reside outside the U.S. or Canada within the next 12 months?

Member: Yes, Country(ies) _____ For how long? _____ No

Spouse: Yes, Country(ies) _____ For how long? _____ No

2. DEPENDENT INFORMATION

If you intend to apply for spouse or dependent child coverage, please fill out the following:

Full Name (First, MI, Last)	DOB (mm/dd/yy)	Height (ft. in.)	Weight (lbs.)	Sex
Spouse:				<input type="checkbox"/> Male <input type="checkbox"/> Female
Child:				<input type="checkbox"/> Male <input type="checkbox"/> Female
Child:				<input type="checkbox"/> Male <input type="checkbox"/> Female
Child:				<input type="checkbox"/> Male <input type="checkbox"/> Female

3. PAYMENT OPTION (Choose only one):

Bill Me Annually Bill Me Semi-Annually Charge My Credit Card (see below):

I request and authorize NJCPA Insurance Program, administered by USI Affinity, to make annual semi-annual charges against the credit card subsequently named by me, for the purpose of collecting premium contributions due under this plan. Please note, the charge will be listed as "USI Insurance Services" on your statement.

Visa MasterCard Account #: _____ Exp. Date _____ 3-Digit Code: _____

Cardholder's Name: _____ Signature: _____

4. INSURANCE REQUESTED: (Refer to brochure for eligibility, options and coverage descriptions.)

I WISH TO ENROLL IN THE FOLLOWING COVERAGE:

GROUP ACCIDENTAL DEATH & DISMEMBERMENT

a) **Total Amount* Desired for Member Coverage:**

\$ _____

*Choose an amount between \$100,000 and \$300,000 in \$50,000 increments.

b) **I wish to insure (choose only one):**

- Myself Only
- Myself and My Spouse
- Myself and My Child(ren)
- Myself, My Spouse, and My Child(ren)

5. BENEFICIARY DESIGNATION:

I make the following beneficiary designation with respect to all the insurance on my life under this Group Accidental Death & Dismemberment Insurance Plan, and if I am already covered under the Plan, I hereby revoke any prior beneficiary designation: 1) If naming more than one beneficiary, note if each is to be primary and/or secondary, and the percentage of death proceeds to be distributed to each. 2) If naming a Trust, please indicate the full name and date of the Trust. (Attach a separate sheet if necessary, then sign and date.)

Beneficiary Name (First, MI, Last)	Beneficiary Address (Street, City, State, Zip)	Relationship	Social Security #		Benefit %
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	

7. AUTHORIZATIONS AND SIGNATURES:

By **signing and dating** this application, the member/spouse **requests** the insurance indicated and **attests** that to the best of my/our knowledge and belief, the answers provided to the questions are true and complete.

Member Signature: _____ Date _____
(PLEASE SIGN AND DATE IN INK.)

Spouse Signature: _____ Date _____
(PLEASE SIGN AND DATE IN INK.)