



# 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 valuable 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 experience<sup>1</sup>.

### 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 at FULL-TIME WORK<sup>2</sup>. Members may also enroll their lawful spouses who are under age 60, residents of the U.S., as well as unmarried dependent children up 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<br>Spouse: Equal to the Member Amount                               |
| Member and Child(ren)          | Member: \$100,000 to \$300,000<br>Each child: 10% of Member Amount                                 |
| Member, Spouse, and Child(ren) | Member: \$100,000 to \$300,000<br>Spouse: 90% of Member Amount<br>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 in a private passenger car. 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. Benefit payments will end earlier if they cease child care enrollment.

#### 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. resident<sup>3</sup>.

### 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 10/15/2020.

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) the Group Policy is terminated by New York Life or the Policyholder; e) the Group Policy is modified to exclude the class of insured in which you belong; f) you cease FULL-TIME WORK; g) when benefits have been paid (up to the maximum amount of coverage in force per insured person); or h) 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 (except if member's coverage ended due to receiving maximum benefits).

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; while in service as a member of the military service of any country; the committing of, or the attempting to commit, an assault, felony, insurrection, riot or participation in (except as a victim) or incarceration resulting from an illegal occupation or activity; war; 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 passenger.

## Current 2021 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 |

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.

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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 Certified Public Accountants, 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 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)**



*Administered By:*  
**USI AFFINITY**  
14 Cliffwood Avenue, Suite 310  
Matawan, NJ 07747 | 1.855.874.0278  
AR Insurance License # 325944  
CA Insurance License # 0G11911



*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.

NJXJGAACH

**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.

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) | 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:**

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

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

**GROUP ACCIDENTAL DEATH & DISMEMBERMENT**

\$ \_\_\_\_\_

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<br><input type="checkbox"/> Secondary |           |
|                                    |  |              |                   | <input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary |           |

**7. AUTHORIZATIONS AND SIGNATURES:**

By signing and dating this application, the member/spouse requests the insurance indicated and attests to having read the Fraud Notices on the following page, and 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.)

Agent Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(PLEASE SIGN AND DATE IN INK.)

## FRAUD NOTICES

**FRAUD NOTICE – For Residents of all states except those listed below and NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. RESIDENTS OF CO, the following also applies: Any insurance company or agent who defrauds or attempts to defraud an insured shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**RESIDENTS OF AL/AR/LA/RI:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**RESIDENTS OF CA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

**FOR RESIDENTS OF D.C.: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the member.

**RESIDENTS OF FL:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**RESIDENTS OF KS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law.

**RESIDENTS OF MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**RESIDENTS OF ME:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**RESIDENTS OF NJ: WARNING:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**RESIDENTS OF OK: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**RESIDENTS OF TN/WA:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**RESIDENTS OF VA:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may have violated state law.