

NEW YORK STATE COURT CLERKS ASSOCIATION  
170 DUANE STREET  
NEW YORK, NY 10013



**Learn about your  
benefits: Important  
information inside!**


New York State Court Clerks Association

FOR YOU FROM UNUM

**Don't miss your chance:  
Get valuable financial protection now!**

Your benefits package is an important part of your total compensation. New York State Court Clerks Association is offering you this coverage:

- Term Life Insurance



Your employer is offering coverage from Unum, a leading provider of employee benefits. You'll have the opportunity to get benefits that provide valuable financial protection now — and in the future.





## Term Life Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

### Why is this coverage so valuable?

If you buy a minimum of \$10,000 of coverage now, you can increase your coverage in the future up to \$200,000 to meet your growing needs. You won't have to answer any health questions or take a health exam.

### Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

<b>You</b>	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings.  You can get up to \$200,000 with no health questions. This is your guaranteed issue amount.
<b>Your Spouse</b>	Get up to \$250,000 of coverage in \$1,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself.  Your spouse can get up to \$25,000 with no health questions, if eligible (see delayed effective date). This is their guaranteed issue amount.
<b>Your Children</b>	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students.  The maximum benefit for children live birth to 6 months is \$1,000.

**Delayed Effective Date:** If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

### What else is included?

#### A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

#### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

#### Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

# Term Life Insurance

## Worksheet

### Calculate your costs

1. Enter the Term Life coverage amount you want.  
†
2. Divide by the amount shown.
3. Multiply by the rate.  
Use the Term Life rate table (at right) to find the rate based on age.  
(Choose the age you will be when your coverage becomes effective on 09/01/2018. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 09/01/2018.)
4. Enter your bi-weekly cost.

Term Life	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$1,000 = \$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$ _____	= \$ _____
<b>Total cost</b>				

Term Life bi-weekly rate for employee		Spouse bi-weekly rate	Child bi-weekly rate
	Per \$10,000 of coverage	Per \$1,000 of coverage	\$0.308 per \$2,000 of coverage
Age	Cost	Cost	
15 - 24	\$0.342	\$0.054	
25 - 29	\$0.397	\$0.044	
30 - 34	\$0.498	\$0.048	
35 - 39	\$0.715	\$0.065	
40 - 44	\$1.029	\$0.092	
45 - 49	\$1.643	\$0.144	
50 - 54	\$2.603	\$0.225	
55 - 59	\$3.988	\$0.347	
60 - 64	\$6.166	\$0.598	
65 - 69	\$10.643	\$1.028	
70 - 74	\$18.978	\$1.833	
75+	\$37.482	\$3.637	

Billed amount may vary slightly. † If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

# Notes

A series of horizontal dotted lines for writing notes.



### Term Life Insurance

#### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

#### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

#### Age reduction

Coverage amounts for Life for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

#### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

First Unum Life Insurance Company of America, New York, New York

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**Group Term Life Insurance**

**Complete this form to enroll.** THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

New York State Court Clerks Association

**Step 1: Complete your personal information**

First name (please print)  M. initial  Last name  122506

Social Security Number  Gender  Date of birth (mm-dd-yyyy)

Street address  Apartment #

City  State  ZIP code  -

Original hire date  Annual salary  Occupation  Hours worked per week

**NYS Employee ID Number & Location Code**

Spouse first name (please print)  M. initial  Last name

Date of birth (mm/dd/yyyy)

**Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)**

The amount of coverage you choose for your spouse cannot exceed the coverage amount you purchase for yourself.  
The amount of coverage you choose for child(ren) cannot exceed the lesser of the amount of coverage you purchase for yourself or \$25,000.

**Term Life Insurance**

\* If you've chosen life coverage over the amount of \$200,000 for you, or \$25,000 for your spouse, please complete an Evidence of Insurability form. Ask your plan administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$200,000 *	<input type="checkbox"/> \$25,000 *	<input type="checkbox"/> \$10,000

Want a different amount?  \$   \$   \$

### Step 3: Name your beneficiaries

**Your primary beneficiary** is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. Note: The beneficiary's name, address, date of birth, social security number and telephone number must be submitted to Unum prior to certificate issuance.

**The total percent of benefit** must not exceed 100%.

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your secondary beneficiary** would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Step 4: Signature

I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

**Caution:** 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 is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This does not apply to life insurance.

\_\_\_\_\_ / \_\_\_ / \_\_\_\_\_

No, I do not want coverage under the **Term Life Insurance**.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

Return forms to: plan administrator

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, a sickness, or disorder your dependent spouse and children: are confined in a hospital or similar institution; are confined at home under the care of a physician for a sickness or injury; or your spouse has a life-threatening condition. Exception: Infants are insured from live birth.

Underwritten by: First Unum Life Insurance Company of America, New York, New York

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