

2016 ANNUAL UPDATE OF M/C GROUP LIFE INSURANCE PLAN
GENERAL INFORMATION FOR PARTICIPATING EMPLOYER ENROLLEES

SMOKER/NON-SMOKER STATUS

If you are enrolled as a “smoker” but you have not smoked since September 1, 2015, you may apply at this time for the non-smoker rate. A written request must be submitted to your Health Benefits Administrator by September 30, 2016. (Your smoker status is listed below your name in the coverage update box of your 2016 M/C Life Insurance update notification).

BENEFICIARY

Your beneficiary designation should be updated periodically to ensure that we have current addresses on file for all of your beneficiaries. A beneficiary designation form is located at http://www.cs.ny.gov/otherben/images/Group_Term_Life_Insurance_Beneficiary_Designation.pdf. If you would like to update your designation, notify the M/C Life Insurance Unit.

DIVORCE

New York State law states that a divorce or annulment of a marriage revokes a beneficiary designation made by the divorced individual (the M/C Life Insurance enrollee) for the benefit of the former spouse. There is an exception to the automatic revocation. If the terms of a legal document, such as a court order, specifically provides otherwise, the designation of the ex-spouse as beneficiary is not revoked. This law applies to marriages that end on or after July 7, 2008 or where the divorce occurred prior to July 7, 2008 and the enrollee’s death occurs on or after July 7, 2008.

The law does not affect the rights of enrollees to designate anyone they choose, including the ex-spouse, as beneficiary. Should the enrollee wish to keep their ex-spouse as beneficiary after the original designation becomes void, they may do so. **To name an ex-spouse as beneficiary, the enrollee must complete a new beneficiary designation form indicating the relationship to the beneficiary as “ex-spouse.”**

RETIREMENT

Your life insurance coverage is not automatically cancelled upon your retirement. If you retire, your M/C Life Insurance continues, unless you request in writing to reduce or cancel your coverage or complete form PS-932 *Transition to Retirement Notice*. To obtain this form you may contact your Health Benefits Administrator.

DOMESTIC PARTNER COVERAGE

You may cover a domestic partner if the individual meets the NYSHIP eligibility requirements for domestic partnership. Contact your agency Health Benefits Administrator for complete information regarding eligibility, enrollment procedures and coverage dates.

CHILD COVERAGE

You may cover a child if the child(ren) meets the NYSHIP eligibility requirements. Contact your agency Benefits Administrator for information regarding eligibility, enrollment procedures and coverage dates.

When you no longer have an eligible dependent child, please notify your agency Health Benefits Administrator. You will be provided with the forms to cancel your dependent child coverage and adjust your premium amount. **This is not automatic; you must advise your agency Health Benefits Administrator.** Upon the loss of eligibility, your child may be entitled to convert to an individual policy with Metropolitan Life without proof of insurability. If you wish to exercise this conversion privilege, request a conversion form from your agency Benefits Administrator.

REDUCTION IN COVERAGE

On the September 1st after you reach age 65, 70, 75 or 80, your multiples of salary coverage amount will be reduced as indicated below. Coverage will not be reduced below \$15,000. If after the reduction is applied your coverage is not an even \$1,000, it will be rounded up to the next thousand.

<u>Enrollee’s Age</u>	<u>Percentage Reduced</u>
65 but less than 70	35%
70 but less than 75	55%
76 but less than 80	70%
80 and over	80%

If you wish to convert the amount of coverage lost to a private policy, your Benefits Administrator can provide you with a conversion form. If your coverage is reduced, your spouse's coverage may also be reduced. Spouse coverage is limited to 50% of the enrollee's coverage up to a maximum amount of \$ 20,000.

ACCIDENTAL DEATH and DISMEMBERMENT (AD&D) COVERAGE

You are covered for AD&D coverage equal to the amount of your personal life insurance up to a maximum amount of \$250,000. This benefit is affected by mandatory age reductions at 65, 70, etc. As long as you continue employment in your agency, you will be covered for AD&D. For enrollees choosing a multiple of salary option facing mandatory age reductions, AD&D coverage will not go below \$15,000, this is similar to your life insurance benefit. If you retire, and your age is 70 or older, your AD&D coverage ceases.

PREMIUM RATE SCHEDULE

MONTHLY RATE SCHEDULE - RATES EFFECTIVE SEPTEMBER 1, 2016
EMPLOYEE LIFE AND AD&D

Enrollee's Age	Life Insurance		AD &D	Spouse's Life Per \$1,000** (Enrollee's Age)	Children's Life ***
	Non-Smoker Rate Per \$1,000	Smoker Rate Per \$1,000	Per \$1,000 *		
Under age 25	.039	.048	.006	.041	.550
25 to 29	.046	.058	.006	.041	.550
30 to 34	.062	.075	.006	.080	.550
35 to 39	.069	.087	.006	.102	.550
40 to 44	.075	.095	.006	.142	.550
45 TO 49	.114	.144	.006	.222	.550
50 TO 54	.173	.220	.006	.342	.550
55 TO 59	.326	.406	.006	.544	.550
60 TO 64	.501	.627	.006	.783	.550
65 TO 69	.965	1.206	.006	1.147	.550
70 and over	1.567	1.957	.006	1.430	.550

* Maximum AD&D Benefit is \$250,000

** Equal to 50% of enrollees coverage with a maximum of \$20,000

*** This \$0.550 rate provides \$4,000 coverage for each eligible child

PAYROLL DEDUCTIONS

If your agency collects life insurance premiums through payroll deduction, your agency Benefits Administrator can provide you with information on your deduction change date.