

For Full-Time Employees of the State of Florida

Group Term Life Insurance Plan

Enhancements at
No Additional Cost To You:

100% Bonus Benefit

Accidental Death and
Dismemberment Benefit

\$15,000 Life Insurance
Protection on Your Spouse

\$10,000 Life Insurance
Protection on Your Eligible
Child(ren)



Consortium of Participating Departments and Agencies:

Agency for Health
Care Administration

Agency for Persons w/
Disabilities

Department of
Business & Professional
Regulation

Department of
Children & Families

Department of
Corrections

Department of Education

Department of
Economic Opportunity

Department of
Elder Affairs

Department of
Environmental Protection

Department of Financial
Services

Department of Health

Department of Highway
Safety & Motor Vehicles

Department of
Juvenile Justice

Department of
Management
Services

Department of Revenue

Department of State

Department of
Transportation

Department of Veterans'
Affairs

Division of
Administrative Hearings

Fish & Wildlife
Conservation Commission

Florida Commission on
Offender Review

Florida State Court System

Justice Administrative
Commission (JAC)

Office of Legislature
Services

State Board of
Administration



**Capital Insurance
Agency, Inc.**

"We're Here to Help You!"

This plan marketed & serviced by Capital Insurance Agency, Inc.

To All Full-Time Employees:

Your department has made available to you an outstanding benefit of an affordable GROUP TERM LIFE INSURANCE PLAN (**underwritten by Life Insurance Company of North America (LINA), Cigna Group Insurance, now known as New York Life Group Benefits Solutions.**)

Premiums are conveniently payroll deducted on a post-tax Miscellaneous Deduction Code #262. Since 1960, this Plan has paid out millions in benefits to state employees' loved ones.

Active Service Provision

For enrolled employees in active service, life insurance coverage becomes effective the day following the end of the payroll period in which the first deduction is made. However, if you are not in active service on the date your employee insurance would become effective, such insurance will not become effective until the date you resume full-time active service with your employer. Likewise, any increase in insurance coverage would be deferred until such date as you resume full-time active service with your employer.

Extended Death Benefit with Waiver of Premium Under Age 60

If you become Disabled and are less than age 60, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:

- The date you are no longer Disabled
- The date you fail to qualify for the Waiver of Premium or fail to provide proof of Disability as indicated under *Waiver of Premium*.

If you submit satisfactory proof that you have been continuously Disabled for 9 months, coverage will be extended.

Such proof must be submitted to us no later than 3 months after the date the Waiver Waiting Period ends. Premiums will be waived from the date we agree in writing to waive premiums for you.

NOTE: If premiums are stopped, you will need to restart premium upon returning to work.

The financial soundness of this Plan has allowed the following benefit enhancements*:

- a 100% Bonus to be added to the Basic Coverage
- \$15,000 life insurance protection on your spouse
- Employee Accidental Death and Dismemberment Benefit
- \$10,000 life insurance protection on your eligible child(ren)

All at no extra charge to you.

* subject to change with notification provided to department/agencies

Continuation for Disability for Employees over Age 60

If an Insured becomes Disabled and is age 60 or over, the Life Insurance Benefits will continue, provided premiums are paid, until the earlier of (1) Date Employee is no longer Disabled (2) Twelve months from Last Day Actively at Work (3) Date coinciding with the end of the last period for which premiums are paid (4) Date the Policy is terminated by the Insurance Company, at which time the employee is entitled to the Conversion Privilege.

Terminal Illness Benefit

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the accelerated payment benefit for terminal illness provides for up to 50% of the life insurance coverage amount in force or \$250,000 for you and \$15,000 for your spouse, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

The terminal illness benefit may be taxable. As with all tax matters, an insured should consult with a personal tax advisor to assess the impact of this benefit.

Conversion Privilege

Upon termination of employment, all insured employees have the option of converting this Group Term Life Insurance Plan to an individual Whole Life Plan. It cannot be converted to another term insurance plan. This conversion must be requested within 60 days of your termination by calling Cigna's Jacksonville office at 1-800-888-5256, in order for the conversion policy to be issued without evidence of insurability.

Beneficiary

The amount of your Group Term Life Insurance Plan will be paid to the beneficiary of your designation in the event of your death from any cause at any time while insured under this Plan. You name the beneficiary, which may be changed at any time, by completing a new Application/Change Form, dating it, and filing it in your employee file in your Department's Personnel Office.

General Provisions

Misstatement of Age: If the age of an insured has not been stated correctly, the insured's correct age will be used to adjust the benefits and premiums accordingly.

Termination of Insurance: Your Group Term Life Insurance Plan will terminate on the earliest of: (a) the date this group policy terminates; or (b) the last day for which your premium has been paid; or (c) termination of membership in a class eligible for insurance under the Policy; or (d) the date you are no longer Active Service, as defined by the Policy, with the Employer.

Disability/Disabled: Because of Injury or Sickness you are unable to perform all the material duties of your Regular Occupation; or are receiving disability benefits under the Employer's plan.



Benefits of Your LINA Group Term Life Plan

This plan provides \$15,000 Life Insurance on your spouse and \$10,000 life insurance on all eligible dependent children at no additional cost.

Eligible dependents include the employee's spouse and all unmarried children to age 25 if they (1) depend on the employee for support, and (2) live with the employee or are classified as a full-time or part-time student.



Accidental Death, Dismemberment and Loss of Sight Insurance

These benefits are payable for any of the following losses incurred by you as a result of and within 365 days of an injury occurring on or off the job. Payment will be made regardless of any other benefits provided by the Plan.

Benefits Payable for Loss

The full amount of Insurance for which the employee is covered:

- Life
- Both hands or both feet
- Sight of both eyes
- One hand and one foot
- One hand and sight of one eye
- One foot and sight of one eye

One-half the full amount of Insurance for which the employee is covered for:

- One hand or one foot
- Sight of one eye

One-quarter the full amount of Insurance for which the employee is covered for:

- Thumb and index finger of the same hand.

Not more than the Full Amount of Insurance will be paid for all losses sustained as the result of one accident, but benefits paid on account of one loss will not prevent further payment for losses resulting from subsequent accidents. These benefits are not payable for loss caused by war or riot or under certain other circumstances described in your Policy Booklet.

Solutions for all types of personal financial challenges.

My Secure Advantage.

At New York Life Group Benefit Solutions (NYL GBS), we know that financial issues are one of the leading causes of stress in America.* That's why we offer a full-service financial wellness program. My Secure Advantage (MSA) can help support the financial health of your household, at no additional cost to you.

My Secure Advantage program includes:

MSA Money Coaching

- You can take advantage of a free 30-minute consultation with a certified financial expert before you decide to participate in Money Coaching.
- Individuals and couples can work with a designated Money Coach for 30 days, paid for by NYL GBS.
- Your Money Coach can help you handle a wide range of financial challenges, including but not limited to: basic money management, getting out of debt, saving for college or retirement, purchasing a home, marriage or divorce, loss of income, death in the family, and more.
- Through an easy-to-use online portal, you can communicate with your coach, view educational webinars and access a library of financial tools, forms and tips.
- After the first 30-day coaching period, you may continue working with your Money Coach for \$39.95 per month.
- Even if you don't participate in Money Coaching you can get a 25% discount on tax planning and preparation.

Identity theft protection and will preparation services include:

- Education on how to avoid identity theft, consultation with a Fraud Prevention Specialist, and an identity theft kit that provides the right documents to use and steps to follow.
- Online resources to create and execute state-specific wills, powers of attorney and a variety of other important legal documents.
- Free 30-minute legal consultation with a licensed practicing attorney to obtain advice or review legal documents, and a 25% discount off standard fixed or hourly attorney's fees.



Call (888) 724-2262, Monday - Friday from 9:00 am – 11:00 pm EST (6:00 am – 8:00 pm PST) to speak with an MSA representative.

All you'll need to give is your name, city, state, zip code and the name of your employer or plan sponsor. You can also visit nylgbs.mysecureadvantage.com for more information, or to register and access online tools and educational resources and create legal documents.

*American Psychological Association 2020 Stress in America™ Survey.

These programs are NOT insurance and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Presented here are only the highlights of these programs. Full terms, conditions and exclusions are contained in the applicable offering descriptions. Program availability may vary by plan type and location and is subject to change. These programs are not available under policies insured by New York Life Group Insurance Company of NY.

New York Life Group Benefit Solutions products are underwritten by Life Insurance Company of North America, a subsidiary of New York Life Insurance Company. Services are provided by My Secure Advantage Inc. and CLC, Inc., which are not affiliated with New York Life Insurance Company.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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GROUP BENEFIT
SOLUTIONS

Where to go from here.

NYL GBS Survivor Assurance program.



Timely services when you need them most.

At New York Life Group Benefit Solutions (NYL GBS), we know losing a loved one is difficult. And we understand how challenging it can be for beneficiaries to manage their loved one's insurance benefits among other pressures during such a difficult time. That's why, as part of NYL GBS Survivor Assurance program, we offer services* to support beneficiaries when they need it most, including:

A NYL GBS Survivor Assurance account in your name

You can access these funds easily by writing a check from the book of drafts being sent to you. Your Certificate of Confirmation explains everything you need to know to access your money.



If you have questions about your NYL GBS Survivor Assurance account call us at **(800) 570-3778** weekdays between 8:00 am and 7:00 pm, (EST).



Or write to us at:
NYL GBS Survivor Assurance
PO Box 534029
Pittsburgh, PA 15253-4029

NYL GBS Life Assistance Program

Telephonic clinical and work/life support, up to three face-to-face counseling visits, referrals for community services, free 30-minute financial and legal consultations, educational resources and webinars.



For more information, call **(800) 538-3543** or visit us at www.SignalAP.com for online articles, videos and resources.

My Secure Advantage

30-days' pre-paid expert money-coaching** for all types of financial planning and challenges, includes identity theft prevention and fraud resolution services, and online tools for state-specific wills and other important legal documents.



For more information, call **(888) 724-2262** Mon-Fri from 9:00 am-11:00 pm (EST) 6:00 am-8:00 pm (PST) to speak to a representative or visit nylgbs.mysecureadvantage.com.

* These programs are NOT insurance and do not provide reimbursement for financial losses. 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.

** After the first 30-day Money Coaching period, members may elect to continue participation in money coaching on a self-pay basis at a rate of \$39.95 per month. Members who do not continue money coaching may also continue to use the portal, website, resources, tools and educational programs at no additional cost without limitation.

The NYL GBS Survivor Assurance program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from NYL GBS group life and personal accident programs. NYL GBS Survivor Assurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error. Counseling, legal or financial assistance and discount programs are not available under policies insured by New York Life Group Insurance Company of NY.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

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GROUP BENEFIT
SOLUTIONS

How to Figure Your Life Insurance Coverage

The amount of your life insurance coverage in force at any time depends on your age, your annual salary, and the Bonus Coverage (currently 100%). The amount of your Life Insurance coverage will change with any changes in your salary or when your age changes or with any changes in the percentage of Bonus Coverage.

EXAMPLE:

30-Year Old with Annual Salary of \$30,000

Annual Salary:	\$30,000
Age Factor:	x 1.60
Basic Life Coverage	\$48,000
100% Bonus	x 2.0
Total Life Insurance Coverage	\$96,000

YOUR FIGURES:

Annual Salary:	\$
Age Factor:	x
Basic Life Coverage	\$
100% Bonus	x 2.0
Total Life Insurance Coverage	\$

TABLE OF FACTORS CHART

20 or under	2.00	37	1.32	54	0.64
21	1.96	38	1.28	55	0.60
22	1.92	39	1.24	56	0.56
23	1.88	40	1.20	57	0.52
24	1.84	41	1.16	58	0.48
25	1.80	42	1.12	59	0.44
26	1.76	43	1.08	60	0.40
27	1.72	44	1.04	61	0.36
28	1.68	45	1.00	62	0.32
29	1.64	46	0.96	63	0.28
30	1.60	47	0.92	64	0.24
31	1.56	48	0.88	65	0.20
32	1.52	49	0.84	66	0.16
33	1.48	50	0.80	67	0.12
34	1.44	51	0.76	68	0.08
35	1.40	52	0.72	69+	0.04
36	1.36	53	0.68		

Life insurance isn't for the people who die. It's for the people you love. Are they prepared for the worst?

This Plan provides a minimum of \$20,000 Total Life Insurance Coverage regardless of the employee's age factor.

How to Figure Your Premium

Your premium is three fourths of 1% (.0075) of your biweekly or monthly salary. Your premium will change when your salary changes. This change is done in the Personnel Office. Use the space below to calculate your premium.

BIWEEKLY EXAMPLE

Biweekly Salary:	\$1,000
Premium Percentage	x .0075
Biweekly Premium	\$7.50

MONTHLY EXAMPLE

Monthly Salary:	\$2,000
Premium Percentage	x .0075
Monthly Premium	\$15

YOUR PREMIUM

Biweekly or Monthly Salary:	\$
Premium Percentage	x .0075
Biweekly or Monthly Premium	\$

NOTE: Record your calculated premium, coverage amount and beneficiary designations in this space and retain a copy with your insurance records. Your premium will change with salary; your coverage will change with age and salary.

DATE _____

COVERAGE AMOUNT: _____

PREMIUM AMOUNT: _____

PRIMARY BENEFICIARY(IES) _____

RELATIONSHIP _____

PRIMARY BENEFICIARY(IES) _____

RELATIONSHIP _____

CONTINGENT BENEFICIARY _____

RELATIONSHIP _____

Directions For Enrolling In Your Cigna Group Term Life Plan

<https://www.capitalins.com/plans/lina-group-term-life> “Enroll Now”

1

Complete the Enrollment Application/
Change Form or enroll online at
www.capitalins.com

2

Be sure to designate a
primary beneficiary.

3

Fax/Mail the application to
Capital Insurance Agency
(if not enrolling online).
Fax: (850) 385-8126
Attn: New Business Group
PO Box 15949
Tallahassee, FL 32317

4

This coverage shall take effect on the
day following the end of the pay period in
which the first deduction is made
(see Active Service provision).



NOTE: Enrollment is ONLY available during an open enrollment or within the first 60 days of employment. No physical examination or evidence of insurability is required.

Plan Enrollment Application/Change Form

Plan Underwritten by Life Insurance Company of North America (LINA), a Cigna Company, now known as [New York Life Group Benefits Solutions](#).

TO ALL FULL-TIME EMPLOYEES OF PARTICIPATING DEPARTMENTS

This is your opportunity to enroll in an excellent, low-cost Group Term Life Insurance Plan sponsored by your Department.

- If you **ELECT TO HAVE COVERAGE**, complete and sign the **APPLICATION** (Section I) or apply online at www.capitalins.com.
- If you desire to make a **policy change** (beneficiary or name), complete and sign the **POLICY CHANGE (Section II)**,

Attention: THIS FORM MUST REMAIN IN THE EMPLOYEE'S PERSONNEL FILE.

Caution: 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.

I. APPLICATION FOR GROUP TERM LIFE INSURANCE COVERAGE

EMPLOYEE NAME	DOB	SSN	
EMPLOYEE HOME ADDRESS			
EMPLOYEE ID#	DEPT	DATE OF HIRE	
COUNTY OF EMPLOYMENT	WORK PHONE	PERSONAL PHONE	
PRIMARY BENEFICIARY NAME(S)	DOB	RELATIONSHIP	%
PRIMARY BENEFICIARY NAME(S)	DOB	RELATIONSHIP	%
CONTINGENT BENEFICIARY NAME	DOB	RELATIONSHIP	%

If more names are needed please complete additional form. If one or more primary or contingent beneficiary is listed the percentages must equal 100% for each.

I hereby apply for the amount of Group Term Life Insurance for which I am eligible under my employer's Group Insurance Plan. I authorize deductions from my earnings in the amount required to cover my premiums.

EMPLOYEE SIGNATURE	DATE
PERSONAL EMAIL	

II. POLICY CHANGE ONLY

EMPLOYEE NAME	DOB	SSN
EMPLOYEE HOME ADDRESS		
EMPLOYEE ID#	DEPT	PERSONAL PHONE
<input type="checkbox"/> BENEFICIARY CHANGE		
PRIMARY BENEFICIARY TO: LAST NAME	FIRST NAME	RELATIONSHIP
CONTINGENT BENEFICIARY TO: LAST NAME	FIRST NAME	RELATIONSHIP
<input type="checkbox"/> NAME CHANGE		
CHANGE MY NAME FROM	TO	
EMPLOYEE SIGNATURE	DATE	

III. BENEFICIARY DESIGNATION

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request. If you need assistance, contact your benefits administrator at (800) 888-5256 or your own legal counsel.

IV. FOR PERSONNEL USE ONLY

PLEASE FILE ORIGINAL IN EMPLOYEE'S PERSONNEL FILE. **Fax a copy to Capital Insurance Agency. (850) 385-8126. DO NOT MAIL TO COMPANY**

				262	
Samas Code	District/div Code	Effective Date of Insurance	Deduction Amount	Deduction Code	Date Processed/Initial



Capital Insurance Agency, Inc.

800-780-3100 • www.capitalins.com

“We’re Here To Help You!”

We have licensed Agents located across the state in addition to our fully licensed home office staff to service state employees. Contact your nearest licensed agent for questions, forms or assistance.

**Find a Licensed Agent in your area using the following link and providing your work county and agency.
capitalins.com/team/find-an-agent/**

Capital Insurance Agency appreciates the opportunity to provide for the insurance needs of State of Florida employees.

CAPITAL INSURANCE AGENCY, INC.
"We're Here To Help You!"
Contact Capital Insurance Agency

HOME OFFICE
2457 Care Dr.,
Suite A200
Tallahassee, FL 32308
P.O. Box 15949
Tallahassee, FL 32308-5949

(800) 780-3100
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FAX (850) 385-8126

groupdepartment@capitalins.com

www.capitalins.com



Plan underwritten by Life Insurance Company of North America (LINA), a Cigna Company, now known as New York Life Group Benefits Solutions.

This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLX-200033, on Policy Form TL-004700, issued in Florida to the State of Florida. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.



Capital Insurance Agency, Inc.

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