



Guaranteed coverage you can keep for life

Group Decreasing Term Life Insurance



National Conference on Public
Employee Retirement Systems

Life is filled with unexpected events

For \$16 a month, you can help protect everything you've worked so hard for, even after you're gone.

Through your employer, you are automatically a member of the National Conference on Public Employee Retirement Systems (NCPERS). It's one of the largest trade associations for public sector employees, providing benefits and plans to over 21 million employees and retirees.

NCPERS Public Employee Financial Protection Plan gives your family extra financial security when they need it most: when you're no longer there to help provide for them. This coverage is guaranteed issue, which means there are no medical questions or exams. **You can never lose coverage because of a change in your age or health.** And you'll be happy to know that your coverage is issued by **The Prudential Insurance Company of America (Prudential)**, a company with over 100 years of group life insurance experience. We're pleased to offer you this opportunity. Don't miss out—enroll today.

Sincerely,



Daniel Fortuna
President



More coverage when you need it most

The plan is designed to pay a maximum benefit amount in your younger years, when your financial obligations may be more significant. That benefit gradually decreases as you get older, when your financial obligations may be less. And the flat rate helps ensure it's affordable coverage the whole time, with no surprise rate hikes.

AGE **50** **AND UNDER**

\$16 a month means:

A way to supplement pension survivor benefits during the early family-building years, when your family's needs are greatest.

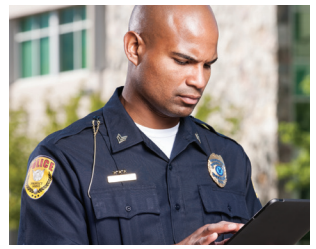
OVER **AGE** **50**

\$16 a month means:

Your family will have help covering essentials like funeral costs, medical bills, and credit card debt.



Exclusive member benefit—**\$16/month.**



NCPERS has paid **\$13 million** in benefits in 2016 and covered members and their families for 40 years.

NCPERS' Public Employee Financial Protection Plan includes:

For You: Group Decreasing Term Life

With Group Decreasing Term Life Insurance, your family can have insurance protection against the unexpected. The money can go toward paying for funeral expenses, mortgage, rent, credit card bills, college tuition, and other expenses.

For You: Accidental Death & Dismemberment (AD&D)

Your beneficiary can receive an additional benefit for loss of your life resulting from an accident. You may also be eligible for a benefit if you are in an accident which results in specific injuries. Injuries covered may include loss of sight, coma, or dismemberment of hands or feet.*

For Your Family: Spouse and Dependent Group Decreasing Term Life

At no added cost, this plan provides Dependent Group Decreasing Term Life Insurance for your spouse or domestic partner and a flat benefit for all of your dependent children. The benefit amount will be paid to you in a lump sum on an eligible dependent's death, and the benefit amount will be determined by your age at that time.

**See the Booklet-Certificate for complete plan information, including limitations and exclusions.*

A group rate that's competitive

NCPERS guarantees that every active member, regardless of age, pays \$16 a month, and it will **never increase**.

Members				Dependent Group Decreasing Term Life	
Member's Age at Time of Claim	Group Decreasing Term Life	Group AD&D	Total Benefit for Accidental Death	Spouse/ Domestic Partner	Child(ren)*
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000
25 to 29	\$170,000	\$100,000	\$270,000	\$20,000	\$4,000
30 to 39	\$100,000	\$100,000	\$200,000	\$20,000	\$4,000
40 to 44	\$65,000	\$100,000	\$165,000	\$18,000	\$4,000
45 to 49	\$40,000	\$100,000	\$140,000	\$15,000	\$4,000
50 to 54	\$30,000	\$100,000	\$130,000	\$10,000	\$4,000
55 to 59	\$18,000	\$100,000	\$118,000	\$7,000	\$4,000
60 to 64	\$12,000	\$100,000	\$112,000	\$5,000	\$4,000
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	\$4,000

Payment Examples:

1. If an insured member age 38 dies of natural causes, the beneficiary would receive \$100,000. If death is due to a covered accident, \$200,000 would be payable.
2. If the spouse or domestic partner of a 42-year-old member dies, the member would receive \$18,000.
3. If a dependent child less than age 26 dies, the payment to the member would be \$4,000.

**Unmarried children up to age 26 are covered, including adopted children, stepchildren, and foster children who depend on you for support. Dependents in the military service are not eligible.*

Special features

Waiver of Premium

If you are less than 60 years old and become totally disabled for at least nine months, your insurance may be continued without further premiums, as long as you furnish annual proof of your continued total disability satisfactory to Prudential.

Accelerated Benefit Option*

If you are terminally ill with a life expectancy of six months or less, you may receive up to 50% of your insurance benefits—up to a maximum of \$112,500 in advance. The death benefit, payable to your beneficiary, will be reduced by that amount.

Conversion of Coverage

If you cease to be a member, you can convert your insurance to a Prudential individual life policy within 31 days following termination of insurance. Dependent Spouse or Domestic Partner Group Decreasing Term Life coverage can also be converted if you cease to be a member or die.

Retirement Coverage

Coverage can be continued into retirement if you are insured as an active member and continue to receive a benefit upon retiring. Simply authorize the retirement system to deduct your contributions from your retirement check. Your premium will remain the same regardless of your age.





150,000 of your peers have coverage.

Benefits summary

- Guaranteed coverage—no medical exams or questions required
- 24/7 coverage on or off the job
- Spouse and dependent coverage included
- AD&D coverage included

Enrolling is easy

Complete the enclosed enrollment and beneficiary form, or go to www.ncpersvoluntarylife.com/mn on your employer's website to obtain a printable copy of the form. Submit your completed enrollment form to your employer. Your employer will begin payroll deductions and forward your enrollment information to Member Benefits.

Questions? Contact:



Member Benefits

10739 Deerwood Park Blvd, Suite 200-B, Jacksonville, FL 32256



800.525.8056



NCPERS@memberbenefits.com

Information about when coverage begins and ends

If you enroll within 90 days of your date of employment, you will become insured on the first day of the month following your first payroll deduction. If you enroll during the open enrollment period, your coverage begins on the first day of the month following your first payroll deduction. Your member coverage will be delayed if you are not actively at work on the coverage effective date. Instead, your coverage will begin on the date you meet the actively-at-work and other insurance requirements for covered members. Dependent coverage begins when your insurance coverage becomes effective. Coverage will end if you discontinue payments, cease to be a member of the eligible classes, or if the plan is discontinued. Refer to the Booklet-Certificate for details.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered terminally ill. You may wish to seek professional tax advice before exercising this option. This brochure describes the Group Insurance Plan in a general manner.

A Booklet-Certificate with complete plan information, including limitations and exclusions, will be provided when you enroll. If there is a discrepancy between this communication and the Booklet-Certificate issued by The Prudential Insurance Company of America, the Booklet-Certificate will govern.

NCPERS is a non-profit organization that provides education and support to public employee retirement systems. NCPERS has no role in the administration of the life insurance program, and the benefits are guaranteed solely by the insurance carrier. NCPERS is compensated solely for the use of its name, service marks, and mailing lists.

Plan arranged and managed by Gallagher Benefit Services, Inc., the employee benefits division of Arthur J. Gallagher & Co. Gallagher receives compensation for the marketing and services it provides, which is discussed and disclosed annually with NCPERS.

Group Decreasing Term Life Insurance, Dependent Group Decreasing Term Life Insurance, and Accidental Death & Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Contract Series: 83500.

This AD&D policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

The plan is administered by Member Benefits and Gallagher Benefit Services, Inc. who are not affiliates of Prudential.

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The Prudential Insurance Company of America – Enrollment and Beneficiary Form

751 Broad Street • Newark, NJ 07102

NCPERS \$16 PLAN

Control No.: 92860

Please submit your complete enrollment form to your employer. Your employer will begin payroll deductions and forward your enrollment information to Member Benefits. Questions? Call 1-800-525-8056.

FOR EMPLOYER:

Please complete this section. Additionally, it is important that you review the form for complete information. All sections must be completed in order for The Prudential Insurance Company of America to process claims.

Please show date of first deduction _____ (Mo. Day Yr.)

EMPLOYER Unit No. _____

Return completed form to:

Member Benefits

10739 Deerwood Park BLVD, Suite 200-B

Jacksonville, FL 32256-9843

1-800-525-8056

Email: NCPERS@memberbenefits.com

Member Information

☐ New Member Enrollment

☐ Open Enrollment

☐ Change of Beneficiary

Last Name

First Name

MI

Street Address

City

State

ZIP code

Social Security Number

Primary Phone Number

Your Date of Birth (mm/dd/yyyy)

| | | - | | - | | | |

____ / ____ / ____

____ / ____ / ____

Date of Employment

____ / ____ / ____

Actively at work?* ☐ Yes ☐ No – If no, you are not eligible for this coverage. ☐ Male ☐ Female

*Active Work Requirement: A requirement that a member be actively at work as normally required by the employer or as predetermined by the member's Public Employee Retirement Systems group on the date of the insurance is to begin.

I declare the above statements and answers are complete and true and understand they are the basis for providing life insurance under a plan (or plans) issued by The Prudential Insurance Company of America (Prudential) to the National Conference on Public Employee Retirement Systems (NCPERS), in which I will participate upon becoming insured. I hereby authorize my employer to deduct from my wages amounts equal to the contributions required for me toward the premiums for Group Insurance under the NCPERS plan issued by Prudential. A photographic copy of this authorization shall be as valid as the original. The effective date of coverage will be the first day of the month following payment of my contribution through payroll deductions. I understand that my member coverage will be delayed if I am not actively at work on the coverage effective date. Instead, my coverage will begin on the date I meet the actively-at-work and other insurance requirements for covered members.



National Conference on
Public Employee Retirement Systems



Prudential

Member Information

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Last Name

First Name

MI

Social Security Number

FLORIDA RESIDENTS – 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.

NEW YORK RESIDENTS – 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 notice ONLY applies to accident and disability income coverage.**

The District of Columbia requires insurers to provide the following notice to all employees being offered Accidental Death and Dismemberment, Accident Insurance and/or Critical Illness coverage:

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMAL ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

I have read and understand the terms and requirements of the fraud warnings included on the last page of this form.

Member Signature (Sign in ink.) _____ Date Signed _____

FOR INSURED WHO RESIDE IN MICHIGAN OR MINNESOTA ONLY – If you wish to enroll your spouse, domestic partner, and/or eligible child 18 years of age or older for Dependent Life and/or Accidental Death and Dismemberment Insurance coverage, your spouse, domestic partner, and/or each of your eligible children age 18 years or older must consent to such coverage by signing and dating this consent in the appropriate space(s) below. Coverage on your spouse, domestic partner, and/or eligible children age 18 or older will not become effective unless and until the requisite consent is provided.

Spouse/Domestic Partner Signature (Sign in ink.) _____ Date Signed _____

Child Signature (Sign in ink.) _____ Date Signed _____

Child Signature (Sign in ink.) _____ Date Signed _____

Please indicate your Primary and Contingent beneficiary designations on the next page.

Member Information

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Social Security Number

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than one primary beneficiary. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Group Decreasing Term Life coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	ZIP
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	Entity Name	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	ZIP

Last Name	First Name	MI		Telephone Number
Social Security Number	Date of Birth	Relationship		Percentage
Street Address	City	State		ZIP
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		Entity Name	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date		Telephone Number	Percentage
Street Address	City		State	ZIP

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For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia, and Washington:

WARNING – Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS – 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.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE and WASHINGTON RESIDENTS – Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

MARYLAND RESIDENTS – 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.

NEW JERSEY RESIDENTS – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

PENNSYLVANIA and UTAH RESIDENTS – 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 material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO RESIDENTS – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS – Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill." You may wish to seek professional tax advice before exercising this option.