

**New York State Teamsters Council  
Health & Hospital**

**Basic Employee Life  
Insurance and Accidental Death  
And Dismemberment Benefit Plan**

**Effective October 1, 2016**

**Your Funds.....Working For You**

# BASIC EMPLOYEE LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT PLAN

Basic Life Insurance and Accidental Death and Dismemberment benefits for employees are underwritten by First Unum Life Insurance Company (“UNUM”). The Dependent Death Benefit is self-insured and administered by the Board of Trustees of the New York State Teamsters Council Health and Hospital Fund.

## *FIRST UNUM LIFE INSURANCE POLICY*

*The following is a summary of benefits provided under the Group Life Insurance Policy issued by First Unum. The attached First Unum Life Insurance Company Group Insurance Policy contains a complete description of the benefits covered by the Plan. In the event of any conflict between the language contained in this summary and the provisions contained in the Group Insurance Policy, the language and provisions of the Group Life Insurance Policy will prevail.*

The Benefit Option that applies to you is determined by the contribution rate paid to the Fund and the Benefit Selection Form signed by your employer and your local union. If you have any questions concerning the Benefit Option that applies to you, you may contact the Fund Office.

### **Basic Life (Employee Only)**

<b><u>OPTION ONE</u></b>	<b><u>COVERED AMOUNT</u></b>
<i>1 to 4 Quarters of Eligibility .....</i>	<i>\$10,000</i>
<i>5 to 8 Quarters of Eligibility .....</i>	<i>\$20,000</i>
<i>9 to 12 Quarters of Eligibility .....</i>	<i>\$30,000</i>
<i>13 to 16 Quarters of Eligibility .....</i>	<i>\$40,000</i>
<i>Over 16.....</i>	<i>\$50,000</i>

**OPTION TWO**

**COVERED AMOUNT**

<i>1 to 4 Quarters of Eligibility</i> .....	<i>\$5,000</i>
<i>5 to 8 Quarters of Eligibility</i> .....	<i>\$10,000</i>
<i>9 to 12 Quarters of Eligibility</i> .....	<i>\$15,000</i>
<i>13 to 16 Quarters of Eligibility</i> .....	<i>\$20,000</i>
<i>Over 16</i> .....	<i>\$25,000</i>

**OPTION THREE**

**COVERED AMOUNT**

<i>1 to 9 Quarters of Eligibility</i> .....	<i>\$5,000</i>
<i>10 or More Quarters</i> .....	<i>\$10,000</i>

**OPTION FOUR**

**COVERED AMOUNT**

<i>After 1st Quarter of Eligibility</i> .....	<i>\$5,000</i>
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**Coverage**

If you die while you are covered for Life Benefits, we will pay to the Beneficiary the amount of Life Benefits that is in effect on your life on the date of your death.

**Additional Life Insurance**

Participants may purchase additional life insurance and accidental death and dismemberment insurance for themselves and their eligible dependents through UNUM. A separate information packet is sent to all new participants and is available from the Fund Office upon request.

**Amount Of Continued Death Benefits During Total Disability (Employee Only)**

The amount of your Death Benefits will be the amount of your Life Benefits on the date your Life Benefits ended.

Your Death Benefits will be reduced if Accelerated Benefits are paid.

## ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS

### Coverage

An amount equal to your Basic Life Benefits. Any amount of Accidental Death or Dismemberment Benefits will be based on the amount of your Basic Life Benefits in effect at the time of Accidental Death or Dismemberment.

We will pay Accidental Death or Dismemberment Benefits for a Covered Loss shown in the table below if you are injured in an accident which occurs while you are covered for Accidental Death or Dismemberment Benefits; and if:

1. that accident is the sole cause of the injury; and
2. that injury is the sole cause of that Covered Loss; and
3. that Covered Loss occurs not more than 1 year after the date of that accident.

### Maximum Benefit for All Covered Losses in Each Accident

For all Covered Losses caused by all injuries which you sustain in one accident not more than the full amount will be paid.

Full Amount means the amount of Accidental Death or Dismemberment Benefits for which you are covered on the date of your accident.

### Table of Covered Losses and Benefit Amounts

Accidental Death or Dismemberment Benefits are paid in accordance with the following Table of Covered Losses:

<b>Covered Losses (Subject to Exclusions)</b>	<b>Benefit Amounts</b>
<i>Life</i>	<i>Full Amount</i>
<i>A hand</i>	<i>One-half of the Full Amount</i>
<i>A foot</i>	<i>One-half of the Full Amount</i>
<i>Sight of an eye</i>	<i>One-half of the Full Amount</i>
<i>Any combination of a hand a foot or sight of an eye</i>	<i>Full Amount</i>
<i>Speech and hearing</i>	<i>Full Amount</i>
<i>Speech or hearing in both ears</i>	<i>One-half of the Full Amount</i>
<i>Quadriplegia</i>	<i>Full Amount</i>
<i>Paraplegia</i>	<i>One-half of the Full Amount</i>

## **DEPENDENT DEATH BENEFITS**

If your spouse or one of your eligible children (after 30 days from birth) die from any cause, the Plan will pay a death benefit to you. In the event you do not survive your dependent, any benefits for loss of your dependent's life will be paid to the executor of your dependent's estate.

The amount of the Dependent Death Benefit is based upon the Death Benefit to which you are entitled as an active participant. Below is the schedule of benefits:

### **OPTIONS ONE AND TWO**

Spouse.....the lesser of \$10,000 or 50% of The Participant Death Benefit

Child.....the lesser of \$7,500 or 50% of The Participant Death Benefit

### **OPTION THREE**

Spouse.....the lesser of \$5,000 or 50% of The Participant Death Benefit

Child.....the lesser of \$5,000 or 50% of The Participant Death Benefit

For example, if you were entitled to a benefit of \$10,000 under the Participant Death Benefit, you would be paid \$5,000 (the lesser of \$10,000 or 50% of \$10,000) if your spouse died. In this example, you would receive the maximum benefit of \$5,000 for the death of a child.

If a dependent is eligible for both the Dependent Death Benefit and the Participant Life Insurance Benefit, the Plan will issue a payment to the beneficiary designated for the Participant Life Insurance Benefit and no payment will be made under this Dependent Death Benefit. Should both parents be eligible as participants, the benefit payable for the death of a child will be the greater of the benefits payable based upon the schedule above for each parent.

### **OPTION FOUR**

No spouse or dependent death benefit

## **ELIGIBILITY FOR BENEFITS**

### **Personal Benefits Eligibility Date**

Eligibility is determined by the Fund in accordance with the Fund's Eligibility Rules which are contained in the General Eligibility & ERISA Rights Information booklet provided by the Fund.

## **EFFECTIVE DATE OF PERSONAL BENEFITS**

Your Personal Benefits will become effective on the date you have met the eligibility requirements set forth by the Fund.

### **Increases In Amount Of Life Benefits And Accidental Death Or Dismemberment Benefits (Employee Only)**

Your class on the date you become covered under This Plan will determine your benefits on that date. If your class changes, your benefits will be those for your new class. Any increase in your benefits will take place on the date of change in your class.

### **When You Retire**

No benefits are provided under This Plan on or after the day you retire.