SECTION IV – LIFE INSURANCE

A. Life Insurance Eligibility
B. Life Insurance Benefit
C. Accidental Death and Dismemberment
**LIFE INSURANCE RESOURCE GUIDE**

**WHERE TO CALL**

Rochester Benefit Fund Office  
(585) 244-0830

Call the Rochester Benefit Fund Office:

- To request a **Change of Beneficiary Form**
- To request a claim form for Life Insurance

You can also visit our Benefit Fund’s website at [www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org).

**REMINDERS**

- Complete your Enrollment Form and select a beneficiary.
- You may change your beneficiary at any time.
- You or your beneficiary needs to file a claim for Accidental Death and Dismemberment benefits within 31 days of your death or dismemberment.
SECTION IV. A
LIFE INSURANCE ELIGIBILITY

WHO IS COVERED
Once you're enrolled in the Benefit Fund and eligible for benefits, you are covered for:

• Life Insurance; and
• Accidental Death and Dismemberment benefit.

Your spouse and children are not covered for these benefits.

HOW YOUR BENEFICIARY APPLIES FOR BENEFITS
After your death, your beneficiary must as soon as reasonably possible:

• Notify the Rochester Benefit Fund Office; and
• Submit a certified original copy of your Death Certificate and a claim form to the Benefit Fund.

IF THERE IS NO BENEFICIARY
If you do not list a beneficiary, your beneficiary dies before your death or the Benefit Fund cannot locate your beneficiary after reasonable efforts, your Life Insurance benefit is paid to the administrator or executor of your estate. If no estate exists, your Life Insurance benefit is paid to your survivors in the following order:

• Your spouse;
• Your children, shared equally;
• Your parents, shared equally;
• Your brothers and sisters, shared equally; or
• If none of the above survive, to your estate after it has been established.

CHOOSING YOUR BENEFICIARY
Your beneficiary is/are the person(s) you choose to receive your Life Insurance benefit when you die.

When you fill out your Enrollment Form, list at least one person as your beneficiary.

You may change your beneficiary at any time. To change your beneficiary:

• Call the Rochester Benefit Fund Office and ask for a Change of Beneficiary Form, or visit the Benefit Fund's website at www.1199SEIUBenefits.org;
• Fill out the form; and
• Return it to the Benefit Fund.

The change of beneficiary will not be effective until it's received by the Benefit Fund office.
IF THERE IS A DISPUTE

If there is a dispute as to who is entitled to receive your Life Insurance benefit, no payment will be made until the dispute is resolved.

The disputed funds will be deposited into a court-monitored account if necessary.

IF YOU BECOME PERMANENTLY DISABLED

Before age 60, you will continue to be covered for Life Insurance if all of the following conditions are met:

• You have been covered by the Benefit Fund for at least 12 months;
• You become permanently disabled at the time you stopped working and receive a Disability Award from the Social Security Administration;
• Your medical condition is certified no later than nine months after the time you stop working; and
• Your condition is recertified by your doctor three months before each anniversary of the start of the disability.

When you reach age 65, your Life Insurance amount is immediately reduced by 20%. Then every year thereafter, the original amount is further reduced by 20% until you reach the minimum Life Insurance amount of $1,250.

After age 60, you’ll be eligible for Life Insurance for a maximum of 12 months from the date your disability began if all of the following conditions are met:

• You have been covered by the Benefit Fund for at least 12 months;
• You become permanently disabled at the time you stopped working and receive a Disability Award from the Social Security Administration; and
• Your medical condition is certified no later than nine months after you stop working.

ASSIGNMENTS

Proceeds of a Life Insurance benefit may be assigned, by you or your beneficiary, to pay the costs of your funeral and/or burial. If your beneficiary chooses to assign their benefit after your death, that assignment shall be considered final and cannot be changed.
SECTION IV. B
LIFE INSURANCE BENEFIT

**BENEFIT BRIEF**

<table>
<thead>
<tr>
<th>Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• First year maximum $1,250</td>
</tr>
<tr>
<td>• After first year, based on your Wage Class and annual rate of pay</td>
</tr>
<tr>
<td>• Death from any cause</td>
</tr>
</tbody>
</table>

Wage Class I: Member
Wage Class II: Member
Wage Class III: Member

Life Insurance is paid for your death for any cause without restriction.

Your Life Insurance is $1,250 during the first year you are covered by the Benefit Fund.

After the first year, if you are in Wage Class I, your Life Insurance is your annual rate of pay to a maximum of $15,000.

If you’re in Wage Class II, your maximum Life Insurance amount is $2,500.

If you’re in Wage Class III, your maximum Life Insurance amount is $1,250.
SECTION IV. C
ACCIDENTAL DEATH AND DISMEMBERMENT

**BENEFIT BRIEF**

**Accidental Death and Dismemberment**

- Accidental death or injury
- Equal to, or one-half of, your Life Insurance, depending on the loss suffered

**Wage Class I:** Member

**Wage Class II:** Member

**Wage Class III:** Member

Accidental Death and Dismemberment (AD&D) benefits are paid only if your death or injury:

- Is caused directly and exclusively by external and accidental means, independent of all other causes;
- Occurs within 90 days from the date of your accident; and
- Occurs while you are employed and covered by the Benefit Fund.

Your Accidental Death benefit is equal to your Life Insurance amount. It is paid in addition to your Life Insurance. Proof of the cause of death is required.

Your Accidental Dismemberment benefit is:

- Half your Life Insurance amount for loss of one hand, one foot or the sight in one eye;
- Equal to your Life Insurance amount for loss of both hands, both feet or sight in both eyes; or
- Equal to your Life Insurance amount for any combined loss of hands, feet and eyesight.

Loss means:

- Dismemberment at or above the wrist for hands;
- Dismemberment at or above the ankle for feet; or
- Total and irrecoverable loss of sight for eyes.

Your AD&D benefit will be no more than an amount equal to your Life Insurance amount. If you have more than one loss as a result of the same accident, payment will be made only for one of the combinations listed in Section IV.C.

102
FILING YOUR CLAIM
You or your beneficiary must complete a claim form and return it to the Benefit Fund within 31 days of your death or dismemberment.

Your eligibility for this benefit is the same as your eligibility for Life Insurance (see Section IV.A).

WHAT IS NOT COVERED
Accidental Death and Dismemberment benefits are not available for losses resulting from:

- Acts of war;
- Physical or mental weakness;
- Disease or illness of any kind;
- Medical or surgical treatment (except where necessary solely by injury);
- Bacterial infection (except pyogenic infections resulting solely from injury);
- Intentionally self-inflicted injury;
- Suicide or any attempt thereof;
- The use of alcohol, or substance abuse;
- Injury sustained while engaged in or taking part in aeronautics and/or aviation of any description or resulting from being in an aircraft, except while a fare-paying passenger in any aircraft that is licensed to carry passengers; or
- Committing or participating in a crime or act that can be prosecuted as a crime.