

# SSLI - State Sponsored Life Insurance

## Guardian Group Term Life Insurance Plan

**\$1,000 of Coverage Provided to All Active Members of a participating National Guard. Plus up to \$20,000 of Optional Term Life Insurance Coverage available to you and your dependents.**

### *For Members And Their Families*

- Rates do not go up just because you separate from the National Guard
- Coverage 24 hours a day, 365 days a year
- Most valid claims paid within 48 hours of receipt of proof of loss
- Spouse and Children Coverage available
- Coverage may be continued to age 100
- Accelerated Death Benefit
- No War Exclusion
- No Aviation Exclusion

MIT incurs costs in providing oversight of this program and your State National Guard Association incurs administrative costs in connection with its sponsorship. To provide and maintain this valuable membership benefit, both MIT and your State National Guard Association may be reimbursed for these costs.

#### **UNDERWRITTEN BY:**



**New York Life Insurance Company**  
**51 Madison Avenue**  
**New York, New York 10010**  
(policy form GMR)

#### **Militia Insurance Trust**

The Militia Insurance Trust was established in 1991 to pool the resources of several National Guard Associations so as to provide quality group life insurance for the National Guard members and their families. Sponsoring National Guard Associations are participating associations of the Militia Insurance Trust.



#### **Administered By:**

**Militia Administrative Services, Inc.**

**1-800-633-8333**

### *2024 Current Monthly Premiums*

The following premiums are for amounts of coverage per insured member or per insured spouse. Spouse coverage may not exceed member's coverage.

#### **MEMBER COVERAGE\***

Coverage	Monthly Premium	Coverage	Monthly Premium
\$ 5,000	\$ 2.00	\$15,000	\$ 5.33
\$10,000	\$ 3.66	\$20,000	\$ 7.00

#### **SPOUSE COVERAGE\***

Coverage	Monthly Premium	Coverage	Monthly Premium
\$ 5,000	\$ 2.00	\$15,000	\$ 5.33
\$10,000	\$ 3.66	\$20,000	\$ 7.00

\*Coverage for members and spouses reduces 50% upon attainment of age 60, 70, and 75. Premium remains the same. All coverage terminates at age 100.

#### **DEPENDENT CHILDREN COVERAGE\*\***

Coverage	Monthly Premium
\$ 5,000	\$ 1.50
\$10,000	\$ 3.00
\$15,000	\$ 4.50

\*\*Coverage for dependent children at 15 days to 6 months is limited to \$500. Coverage terminates at age 26.

#### **IMPORTANT NOTE FOR ALL PREMIUMS**

Future benefits are subject to change by agreement between New York Life and the group policyholder – the Militia Insurance Trust. The rates shown above are current rates. Rates may be changed by New York Life on any premium due date and on any date on which benefits are changed.

#### **CERTIFICATE OF INSURANCE**

This information is only a brief description of the principal provisions and features of the Plan. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to Militia Insurance Trust (MIT). When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the Plan.

#### **30-DAY FREE LOOK**

If you're not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated, and you will be sent a full refund, no questions asked!

**48 Main Street**  
**Sturbridge, MA 01566**

## MILITIA INSURANCE TRUST

### ELIGIBILITY

All active members under age 60, of participating National Guard Associations who are active or associate\* members of the National Guard Associations are eligible to apply for coverage. You may also apply for life insurance for all eligible dependents. Eligible dependents include your lawful spouse under age 60 and unmarried, dependent children from 15 days through age 25. A dependent who is a member can only apply for coverage as a member. If both parents are insured as members, only one may request child coverage. If you are a member of a participating National Guard you are automatically covered for \$1,000 of term life insurance, effective as of the date of your enlistment. The premium for this \$1,000 Basic Benefit will be paid by your National Guard Association and this Basic Benefit will continue until you separate from active service in the National Guard or otherwise become ineligible.

\*Associate members include retired and separated guard members.

### \$10,000 GUARANTEED ISSUE COVERAGE TO NEW ACTIVE MEMBERS

In addition to the \$1,000 Basic Benefit, if you enroll within 180 days after joining the National Guard, you may request \$10,000 of coverage at no cost to you for the first year, without submitting evidence of insurability. If you do not apply within the 180 day period after joining the National Guard, you may still apply by submitting evidence of insurability satisfactory to the Company and paying the required premium. This benefit will become effective on the first of the month following receipt of your enrollment form by the Plan Administrator.

### ADDITIONAL AMOUNTS AVAILABLE

In addition to the \$1,000 Basic Benefit and the \$10,000 Guarantee Issue Coverage described above, you may also apply for additional coverage amounts up to the Plan's Maximum of \$20,000. See the Monthly Premium Table for the specific coverage amounts available. You may also apply for up to \$20,000 of coverage on your spouse in units of \$5,000, \$10,000 or \$15,000 of dependent children coverage (not to exceed member coverage). Coverage for members and spouse reduces 50% as each reaches his/her 60th, 70th and 75th birthdays. Premium remains the same.

### WAIVER OF PREMIUM

After an insured member has been totally disabled prior to age 60, for six consecutive months, insurance including coverage for eligible dependents will be continued at no cost to the member until the member is no longer disabled or reaches age 70. Evidence from time to time of continued disability will be required.

### ACCELERATED DEATH BENEFIT

This feature allows you to receive 50% of your coverage amount should you be diagnosed with a terminal illness. To receive the accelerated death benefit, you must be under age 69, have been diagnosed by a physician, and given a life expectancy of 12 months (24 months for residents of Illinois.) or less. This benefit is paid only once and the future death benefit payment is reduced by such amount. Premiums are not reduced. The rest of your benefit would be paid to your beneficiaries at the time of your death. Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. Prior to applying for accelerated death benefits, insureds should consult with the appropriate social services agency, and assistance should be sought from a qualified advisor.

### EFFECTIVE DATE

All coverage amounts (except for the \$1,000 Basic Benefit) will take effect on the first of the month on or following, New York Life's underwriting approval of your application, provided your premium is received when due. All individuals to be insured must be performing the normal activities of person in good health of like age on their effective date. If an individual is not performing their normal activities on the date their coverage would normally take effect, coverage for that individual will be deferred until that person is performing the normal activities of a person in good health of like age, so long as that date is within 3 months of the date their coverage would have normally become effective and that person is still eligible.

### BENEFICIARY

The member may name anyone he chooses as the beneficiary for coverage on his/her life. The member is the beneficiary for spouse and child coverage.

## SURVIVING SPOUSE COVERAGE

Upon the death of an insured member a surviving spouse can continue his/her coverage and the coverage of insured dependent children provided premiums are paid when due and the insureds remain otherwise eligible.

### WHEN COVERAGE TERMINATES

The \$1,000 Basic Benefit member coverage terminates at the end of the month when the member discontinues active service in the National Guard. However, coverage other than the \$1,000 Basic Benefit can be continued after leaving active service if he/she elects to remain an inactive member of the Association. Spouse and dependent coverage terminates when a member coverage terminates, except in the case of the member's death (see Surviving Spouse Section), when the spouse attains age 100 (age 26 for children), or otherwise become ineligible under the group policy. Member and dependent insurance will also terminate if premiums are not paid when due, the last day of the month in which the member attains 100, your Association no longer participates under the trust; or the group policy is terminated by the group policy holder or New York Life.

### CONVERSION PRIVILEGE

If any portion of your coverage under this group policy ceases or reduces due to age, you may convert the amount of Life Insurance you are losing to a Permanent Life Insurance policy issued by New York Life Insurance Company without evidence of insurability required, provided you apply for the converted policy and pay the first premium within 31 days of the date your group coverage ends or reduces. Your insured spouse and dependent children may also convert their group life insurance coverage like the member when coverage is reduced or ended due to age.

### IMPORTANT NOTICE - How New York Life Obtains Information and Underwrites Your Request For Group Term Life Insurance Coverage

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering your request for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, and other insurance companies to which you have applied for insurance. Other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law. Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

New York Life may release this information to the Plan Administrator, other insurance companies to whom you may apply for life and health insurance, or to whom a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV).

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided, you may contact New York Life and seek a correction.

New York Life Insurance Company