



When you are counted on to protect what matters most



Group Hospital Indemnity Insurance

Think about what would happen if you were hospitalized and unable to earn an income. Your health insurance would cover your stay, but would you be able to cover your out-of-pocket and everyday expenses?

The New York State Society of Certified Public Accountants (NYSSCPA) Group Hospital Indemnity Insurance Plan is specifically designed to help provide income while you are hospitalized.

Plan Features

- Up to \$240 in daily benefits for residents of New York City*
- Benefits paid directly to you to use as you see fit
- Coverage for pregnancy complications

**\$165 in daily benefits for New York state residents who live outside of New York City*

How the Plan Works

Select a daily benefit amount of \$20 to \$240 (in \$5 increments) for each day of a covered hospitalization.

Your benefits begin on the first day of a covered hospitalization, and will continue for up to 365 days (maximum for a single confinement).

Note: Separate confinements due to the same cause will be recognized as a single confinement unless separated by a return to full-time work for at least one week for members. For dependent coverage, these confinements will be recognized as a single confinement unless separated by at least three months. All daily benefit amounts reduce to \$20 per day on January 1 coinciding with or next following the member's/employee's or spouse's 65th birthday.

This plan can provide excellent supplemental protection when combined with your basic health insurance coverage. It puts money in your pocket to be used for anything you need—you can even put it in a savings account for future use.

Eligibility

If you are a NYSSCPA member under age 65, you are eligible to apply. Your lawful spouse, under age 65 and your unmarried dependent children up to age 19 (or through age 25) are also eligible.

Note: If both parents are insured as members, only one parent may request coverage for eligible dependents. This coverage is not available to individuals who are on Active Military Duty in the Armed Forces.

Effective Date

All coverage is subject to underwriting approval. Approved coverage will take effect on the date specified by New York Life provided your premium contribution has been paid and you and your eligible dependents (if also to be insured) are performing the normal activities of a person in good health of like age on this date. If a person is not performing normal activities on the date their coverage is effective, their effective date will be deferred until they are performing the required activities, provided they resume normal activities within three months of their original effective date and they remain eligible.

Details of This Coverage

Exclusions & Limitations

Benefits are provided only for confinements that begin while you are insured, and which are recommended by a doctor as necessary to treat an illness or accident. Benefits are not provided for confinement resulting from: war; self-inflicted injury (while sane or insane); "well baby care" of a newborn child; cosmetic surgery or dental care (except as provided in the Certificate of Insurance); mental, nervous, or emotional disorders; alcoholism; drug addiction; or pre-existing conditions (except as provided below).

Pre-Existing Conditions

A pre-existing condition is an illness or any condition related to such illness for which you received medical care during the 12-month period immediately prior to the effective date of your coverage.

Benefits will not be payable for any confinement due to a pre-existing condition until 12 consecutive months after the effective date.

Coverage Renewal

Your coverage can remain in force as long as you remain an NYSSCPA member, pay your premiums when due, do not enter Active Duty in the Armed Forces, and the group policy is not terminated or modified so you are no longer eligible. Insured dependents can retain their coverage as long as they meet dependent status requirements and you remain insured. Upon the insured's death, coverage for insured dependents may continue as described in the group policy. This group policy may be terminated by the NYSSCPA Insurance Trust or New York Life Insurance Company.

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Plan Benefits for Maternity

Hospital confinements due to pregnancy complications will be payable the same as for any other illness.

30-Day Free Look

If you are 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 receive a full refund—no questions asked!

This brochure provides a general description of the insurance plan offered and is not a contract. Complete terms, conditions, definitions, exclusions, limitations, and renewability requirements are detailed in Group Policy No. GMR/G-30806-0 issued to the Trustees of the NYSSCPA Insurance Trust.

How do I enroll?

To enroll for NYSSCPA Group Hospital Indemnity Insurance, simply download and complete the enrollment form, and mail it to:

NYSSCPA Member Insurance Program
1200 E. Glen Ave.
Peoria Heights, IL 61616-5348

California Insurance License #0F76076, AR Insurance License #1322

If you have any questions, please call the Plan Administrator at 800.342.6501.

Insured members are provided with a Certificate of Insurance, which details their coverage.

The NYSSCPA Insurance Trust incurs costs in providing oversight of this program and also incurs administrative costs in connection with sponsorship. To provide and maintain valuable membership benefit, the NYSSCPA Insurance Trust may be reimbursed for these costs.

HOW TO CALCULATE PREMIUM

CURRENT 2019 MONTHLY RATES

MEMBER/EMPLOYEE AGE	MEMBER ONLY	MEMBER PLUS ONE DEPENDENT	MEMBER PLUS TWO OR MORE DEPENDENTS
Under 40	\$4.58	\$11.25	\$16.25
40-49	\$6.25	\$13.75	\$20.42
50-59	\$9.17	\$18.33	\$24.17
60-64	\$13.33	\$26.67	\$30.83
65+**	\$6.67	\$10.00	\$16.67

**Rates shown for age 65+ reflect a \$20 daily benefit for member and dependents. Renewal only at ages 65+.

The premium chart above shows the monthly cost for each \$50 unit of coverage you request. To calculate your premium:

- For \$100 daily benefit, multiply listed premiums by two

Payment Options

Monthly: Automatic Withdrawal

Semiannual: Direct Bill

Annual: Direct Bill

Be sure to indicate your desired daily benefit amount on your application.

Premiums are based on a member's issue age and increase on attainment of each new age class. Premium rates may be changed by New York Life Insurance Company on any premium due date and on any date which benefits are changed.

However, your rates may only change if they are changed for all others in the same class of insureds under the group policy. For example, a class is a group of people with the same issue age and gender.

Group Hospital Indemnity Insurance

IMPORTANT NOTICE: How New York Life Obtains Information and Underwrites Your Request For Group Hospital Indemnity Insurance

In this notice, references to “you” and “your” include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify 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, other insurance companies to which you have applied for insurance and MIB, Inc. (“MIB”). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage or a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB and such information may then be furnished by MIB, upon request, to a member company.

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.

MIB and 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.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for insurance, or to which 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). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

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 or MIB, 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 by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone (866) 692-6901. For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone (416) 597-0590. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: *PROTECTED PERSONS¹ have a right of access to certain CONFIDENTIAL ABUSE INFORMATION² we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.*

¹*PROTECTED PERSON means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.*

²*CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.*

New York Life Insurance Company 7/1/15



Brokered & Administered by:



1200 E. Glen Ave., Peoria Heights, IL 61616-5348
pearlinsurance.com

California Insurance License #0F76076,
AR Insurance License #1322

Underwritten by:



Under Group Policy G-30806-0
On Policy Form GMR/G-30806-0