

GROUP LONG TERM DISABILITY INSURANCE



**Even if you're off your feet,
you don't have to be out of a paycheck.**

Why GEBA?

- Monthly Benefits up to \$7,500
- Flexible Payment Options
- Competitive Group Rates
- Tax-free Benefit (consult your tax advisor)
- Spousal/Domestic Partner Coverage



Underwritten by:
New York Life
Insurance Company



Phone: (800) 826-1126 or (410) 657-8060
Fax: (410) 846-6420
Web: www.GEBA.com
Email: geba@geba.com

Group Long Term Disability Insurance

Group Long Term Disability Insurance: Helping To Remove One of Life's Most Pressing Worries

It is everyone's worst nightmare. An accident or illness occurs and suddenly it is impossible to do what you've always done -- earn a paycheck. What happens to your home, your retirement, and your kids' education if you can't work? GEBA's Group Long Term Disability Insurance removes this worry from your life by helping ensure you receive a monthly income if you become disabled due to sickness or accidental catastrophe.

GEBA's Group Long Term Disability Insurance Features and Benefits*

- You can receive up to \$7,500 per month or 67% of your pre-taxed monthly salary, whichever is less.
- Competitive premiums with many convenient payment options
- The benefit is tax-free, although you should consult your tax advisor.
- No premium after you begin receiving your benefits
- Partial disability and rehabilitation benefits are part of your policy.
- Survivor Income Benefits, when available, are paid to the insured's designated beneficiary (a benefit equal to three monthly disability payments).
- Benefits are protected from inflation. A cost of living adjustment (COLA) is made each year, after 12 months of being totally disabled. A maximum of 6% is added to your benefit every January 1, for up to five adjustments.
- Spouse/Domestic Partner Optional Coverage—Members may apply for long term disability coverage for their spouse or domestic partner, if age 60 or less. Coverage amounts up to \$7,500 with a choice of waiting periods.

Are you eligible?

To be eligible, you must be:

- Under age 60 when applying
- A citizen or legal resident of the United States (excluding territories)
- Actively at work (30 hrs./week or more)
- A civilian federal employe or militar
- An actively working spouse or domestic partner of a GEBA member

If you are under the impression the government already covers you for long term disability, you might want to consider these facts:

	GEBA Group Long Term Disability Insurance	FERS Retirement Disability
% of coverage	Up to \$7,500 or 67% of your earned income.	60% of base income (1st year) 40% of base income (2nd year and thereafter)
Waiting Period	Flexible 90 or 180 days	No waiting period if eligible
Taxable	No	Yes
Incapacity Definition	2 year own occupation, any occupation thereafter	Own occupation
Eligibility	Immediate	<ul style="list-style-type: none"> • After 18 months for new federal employees • Disability must be expected for at least one year

Apply Now!

Applying for GEBA's Group Long Term Disability Insurance is simple. You can do it in these five easy steps:

1. Fill out the application form.
2. Send the completed form to GEBA via:
 1. US Mail: GEBA, 1362 Mellon Road, #100, Hanover, MD 21076
 2. Fax: (410) 846-6420, or
 3. Email: geba@geba.com
3. New York Life Insurance Company will evaluate your coverage request.
4. Medical evidence of insurability may be needed. New York Life Insurance Company may contact you to review your answers to the medical questions and, if necessary, will schedule an appointment for an in-person medical evaluation.
5. The underwriting decision generally takes about 4-8 weeks.

GUARANTEED OFFER FOR NEW HIRES

If applying for coverage within 60 days of your agency hire date, you are **GUARANTEED** a monthly benefit of \$1,600 for yourself and \$1,000 monthly benefit for your spouse with a 90 day waiting period.

* Coverage is not available in all states at this time. Please contact GEBA for details.

Coordination of Benefits

In some circumstances, you may be eligible for disability benefits under other federal or state insurance benefit programs. The benefit amount payable as the result of the insured person's total disability will be the lesser of:

- (1) the monthly benefit
- (2) 67% of the insured person's pre-disability earnings minus:
 - (a) any other income benefits, including those for which the insured person could collect but did not apply; and
 - (b) all other income from any employer or for any work. However, if the insured person's monthly benefit reduces to less than \$200 per month due to other income benefits, then the minimum monthly benefit under the policy will remain at \$200 per month.

For disabilities commencing before age 60, benefits are payable for as long as you remain totally disabled up until Social Security Normal Retirement Age ("SSNRA"). For total disabilities commencing at age 60 but before age 70, benefits will be payable as follows:

AGE AT DISABILITY	MAXIMUM BENEFIT PERIOD
Age 60	60 months or to SSNRA, whichever is greater
Age 61	48 months or to SSNRA, whichever is greater
Age 62	42 months or to SSNRA, whichever is greater
Age 63	36 months or to SSNRA, whichever is greater
Age 64	30 months or to SSNRA, whichever is greater
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 but less than 70	12 months

Coverage Termination

Coverage for you and your spouse will end 1) on the earliest of policy cancellation (including class of insureds), 2) when you cease to be an eligible member, 3) at the attainment of age 70, 4) when you stop actively working (except due to a disability covered by the policy), or 5) when you stop paying your premiums. Coverage for your spouse will also end when he/she is no longer your lawful spouse or domestic partner.

Exclusions and Limitations

If you are totally disabled due to mental or nervous disorders, alcoholism, or drug abuse, the maximum payment period will be reduced to two years during your lifetime unless you are confined in a hospital or other institution licensed to provide care and treatment for that disability.

A total disability is an injury or illness which, during the waiting period and the following 24 months, wholly and continuously prevents you from performing the essential duties of your occupation; and after that, wholly and continuously prevents you from engaging in any occupation for which you are reasonably qualified by reason of education, training, or experience.

If you cease to be totally disabled and return to work for a total of 14 days or less during the elimination period, the waiting period will not be interrupted. Except for the 14 days or less that you work, you must be totally disabled by the same condition for the total elimination period.

The policy does not cover any disability or loss caused by:

1. Intentionally self inflicted injury, suicide or attempted suicide, while sane or insane (Missouri Residents: the exclusion for intentionally self-inflicted injury is not applicable to injury caused by an attempted suicide while insane); or
2. Pregnancy or childbirth, except complications of pregnancy; or
3. War or act of war, whether declared or not; or
4. Any injury sustained while riding on, boarding, or alighting from any aircraft:
 - a) As a pilot, crew member, or student pilot;
 - b) Operated by any military authority (land, sea, or air), unless it is a Military Transport Aircraft used for transport and operated by the United States Military Air Mobility Command (AMC) or an AMC type service of a national government recognized by the United States; or
 - c) Being used for test, experimental purposes, stunt flying, racing or endurance tests; or
5. Your commission or attempted commission of a felony, an illegal occupation/activity, an insurrection, or a riot; or
6. Sickness contracted or injury sustained while on full-time active duty as a member of the Armed Forces (land, sea, or air) of any country or international authority. We will refund the pro rata portion of any premium paid for you while you are in the Armed Forces on full-time active duty for a period of two months or more. Written notice must be given to us within 12 months of the date you enter the Armed Forces; or
7. Any impairment or disease specifically excluded from your coverage.
8. A disability that does not require a doctor's regular care.

2021 Group Long Term Disability Insurance Premiums

The following are the rates of our most frequently requested disability coverage amounts. Coverage begins at age 16. To see our full rate chart, please visit www.GEBA.com/LTD. Premiums are based on the age of the insured, the monthly benefit amount, and the waiting period selected. Premiums increase as the member ages and moves into the next age bracket.

Biweekly Premiums

Ages 26-39			Ages 40-49			Ages 50-59			Ages 60-69*		
Monthly Benefit	90-day	180-day	Monthly Benefit	90-day	180-day	Monthly Benefit	90-day	180-day	Monthly Benefit	90-day	180-day
\$500	\$3		\$500	\$4	\$3	\$500	\$6	\$5	\$500	\$7	\$6
\$800			\$800	\$6	\$5	\$800	\$10	\$7	\$800	\$12	\$8
\$1,000	\$4	\$3	\$1,000	\$7	\$6	\$1,000	\$11	\$10	\$1,000	\$14	\$11
\$1,200	\$5		\$1,200	\$10	\$7	\$1,200	\$13	\$12	\$1,200	\$16	\$13
\$1,400	\$6	\$4	\$1,400	\$11	\$8	\$1,400	\$15	\$13	\$1,400	\$20	\$14
\$1,600	\$7		\$1,600	\$12	\$10	\$1,600	\$17	\$15	\$1,600	\$22	\$16
\$1,800			\$1,800	\$14	\$11	\$1,800	\$20	\$17	\$1,800	\$25	\$19
\$2,000	\$8	\$5	\$2,000	\$15	\$12	\$2,000	\$22	\$19	\$2,000	\$28	\$20
\$2,200	\$10	\$6	\$2,200	\$16	\$13	\$2,200	\$24	\$21	\$2,200	\$30	\$22
\$2,400			\$2,400	\$17	\$14	\$2,400	\$26	\$22	\$2,400	\$33	\$24
\$2,600	\$11	\$7	\$2,600	\$20	\$15	\$2,600	\$28	\$24	\$2,600	\$35	\$25
\$2,800			\$2,800	\$21	\$16	\$2,800	\$30	\$26	\$2,800	\$38	\$28
\$3,000	\$12	\$8	\$3,000	\$22	\$17	\$3,000	\$32	\$28	\$3,000	\$41	\$30
\$3,200	\$13		\$3,200	\$24	\$19	\$3,200	\$34	\$30	\$3,200	\$43	\$32
\$3,400	\$14	\$10	\$3,400	\$25	\$20	\$3,400	\$37	\$31	\$3,400	\$47	\$33
\$3,600			\$3,600	\$26	\$21	\$3,600	\$39	\$33	\$3,600	\$49	\$35
\$3,800	\$15		\$3,800	\$28	\$22	\$3,800	\$41	\$35	\$3,800	\$51	\$38
\$4,000	\$16	\$11	\$4,000	\$30	\$23	\$4,000	\$43	\$37	\$4,000	\$55	\$39
\$4,200			\$4,200	\$31	\$24	\$4,200	\$46	\$39	\$4,200	\$57	\$41
\$4,400	\$17		\$4,400	\$32	\$25	\$4,400	\$48	\$40	\$4,400	\$60	\$43
\$4,600	\$19	\$12	\$4,600	\$34	\$26	\$4,600	\$49	\$42	\$4,600	\$62	\$46
\$4,800	\$20		\$4,800	\$35	\$28	\$4,800	\$51	\$44	\$4,800	\$65	\$47
\$5,000	\$21	\$13	\$5,000	\$37	\$29	\$5,000	\$53	\$46	\$5,000	\$68	\$49
\$5,200			\$5,200	\$38	\$30	\$5,200	\$56	\$48	\$5,200	\$70	\$51
\$5,400	\$22		\$5,400	\$40	\$31	\$5,400	\$58	\$49	\$5,400	\$74	\$52
\$5,600	\$23	\$14	\$5,600	\$41	\$32	\$5,600	\$60	\$51	\$5,600	\$76	\$55
\$5,800	\$24		\$5,800	\$42	\$33	\$5,800	\$62	\$52	\$5,800	\$79	\$57
\$6,000		\$15	\$6,000	\$43	\$34	\$6,000	\$64	\$55	\$6,000	\$82	\$59
\$6,200	\$25		\$6,200	\$46	\$35	\$6,200	\$66	\$57	\$6,200	\$84	\$60
\$6,400	\$26	\$16	\$6,400	\$47	\$37	\$6,400	\$68	\$58	\$6,400	\$87	\$62
\$6,600			\$6,600	\$48	\$38	\$6,600	\$70	\$60	\$6,600	\$89	\$65
\$6,800	\$28		\$6,800	\$50	\$39	\$6,800	\$73	\$61	\$6,800	\$93	\$66
\$7,000	\$29	\$17	\$7,000	\$51	\$40	\$7,000	\$75	\$64	\$7,000	\$95	\$68
\$7,200	\$30		\$7,200	\$52	\$41	\$7,200	\$77	\$66	\$7,200	\$97	\$70
\$7,400		\$19	\$7,400	\$53	\$42	\$7,400	\$79	\$67	\$7,400	\$101	\$73
\$7,500	\$31	\$20	\$7,500	\$55	\$43	\$7,500	\$80	\$68	\$7,500	\$102	\$74

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date and any date on which benefits are changed. However, your rates may only change if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people all with the same issue age, Waiting Period, and Plan. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and GEBA.

2021 Group Long Term Disability Insurance Premiums

Monthly Premiums

Ages 26-39			Ages 40-49			Ages 50-59			Ages 60-69*		
Monthly Benefit	90-day	180-day	Monthly Benefit	90-day	180-day	Monthly Benefit	90-day	180-day	Monthly Benefit	90-day	180-day
\$500	\$6.50		\$500	\$8.67	\$6.50	\$500	\$13.00	\$10.83	\$500	\$15.17	\$13.00
\$800			\$800	\$13.00	\$10.83	\$800	\$21.67	\$15.17	\$800	\$26.00	\$17.33
\$1,000	\$8.67	\$6.50	\$1,000	\$15.17	\$13.00	\$1,000	\$23.83	\$21.67	\$1,000	\$30.33	\$23.83
\$1,200	\$10.83		\$1,200	\$21.67	\$15.17	\$1,200	\$28.17	\$26.00	\$1,200	\$34.67	\$28.17
\$1,400	\$13.00	\$8.67	\$1,400	\$23.83	\$17.33	\$1,400	\$32.50	\$28.17	\$1,400	\$43.33	\$30.33
\$1,600	\$15.17		\$1,600	\$26.00	\$21.67	\$1,600	\$36.83	\$32.50	\$1,600	\$47.67	\$34.67
\$1,800			\$1,800	\$30.33	\$23.83	\$1,800	\$43.33	\$36.83	\$1,800	\$54.17	\$41.17
\$2,000	\$17.33	\$10.83	\$2,000	\$32.50	\$26.00	\$2,000	\$47.67	\$41.17	\$2,000	\$60.67	\$43.33
\$2,200	\$21.67	\$13.00	\$2,200	\$34.67	\$28.17	\$2,200	\$52.00	\$45.50	\$2,200	\$65.00	\$47.67
\$2,400			\$2,400	\$36.83	\$30.33	\$2,400	\$56.33	\$47.67	\$2,400	\$71.50	\$52.00
\$2,600	\$23.83	\$15.17	\$2,600	\$43.33	\$32.50	\$2,600	\$60.67	\$52.00	\$2,600	\$75.83	\$54.17
\$2,800			\$2,800	\$45.50	\$34.67	\$2,800	\$65.00	\$56.33	\$2,800	\$82.33	\$60.67
\$3,000	\$26.00	\$17.33	\$3,000	\$47.67	\$36.83	\$3,000	\$69.33	\$60.67	\$3,000	\$88.83	\$65.00
\$3,200	\$28.17		\$3,200	\$52.00	\$41.17	\$3,200	\$73.67	\$65.00	\$3,200	\$93.17	\$69.33
\$3,400	\$30.33	\$21.67	\$3,400	\$54.17	\$43.33	\$3,400	\$80.17	\$67.17	\$3,400	\$101.83	\$71.50
\$3,600			\$3,600	\$56.33	\$45.50	\$3,600	\$84.50	\$71.50	\$3,600	\$106.17	\$75.83
\$3,800	\$32.50		\$3,800	\$60.67	\$47.67	\$3,800	\$88.83	\$75.83	\$3,800	\$110.50	\$82.33
\$4,000	\$34.67	\$23.83	\$4,000	\$65.00	\$49.83	\$4,000	\$93.17	\$80.17	\$4,000	\$119.17	\$84.50
\$4,200			\$4,200	\$67.17	\$52.00	\$4,200	\$99.67	\$84.50	\$4,200	\$123.50	\$88.83
\$4,400	\$36.83		\$4,400	\$69.33	\$54.17	\$4,400	\$104.00	\$86.67	\$4,400	\$130.00	\$93.17
\$4,600	\$41.17	\$26.00	\$4,600	\$73.67	\$56.33	\$4,600	\$106.17	\$91.00	\$4,600	\$134.33	\$99.67
\$4,800	\$43.33		\$4,800	\$75.83	\$60.67	\$4,800	\$110.50	\$95.33	\$4,800	\$140.83	\$101.83
\$5,000	\$45.50	\$28.17	\$5,000	\$80.17	\$62.83	\$5,000	\$114.83	\$99.67	\$5,000	\$147.33	\$106.17
\$5,200			\$5,200	\$82.33	\$65.00	\$5,200	\$121.33	\$104.00	\$5,200	\$151.67	\$110.50
\$5,400	\$47.67		\$5,400	\$86.67	\$67.17	\$5,400	\$125.67	\$106.17	\$5,400	\$160.33	\$112.67
\$5,600	\$49.83	\$30.33	\$5,600	\$88.83	\$69.33	\$5,600	\$130.00	\$110.50	\$5,600	\$164.67	\$119.17
\$5,800	\$52.00		\$5,800	\$91.00	\$71.50	\$5,800	\$134.33	\$112.67	\$5,800	\$171.17	\$123.50
\$6,000		\$32.50	\$6,000	\$93.17	\$73.67	\$6,000	\$138.67	\$119.17	\$6,000	\$177.67	\$127.83
\$6,200	\$54.17		\$6,200	\$99.67	\$75.83	\$6,200	\$143.00	\$123.50	\$6,200	\$182.00	\$130.00
\$6,400	\$56.33	\$34.67	\$6,400	\$101.83	\$80.17	\$6,400	\$147.33	\$125.67	\$6,400	\$188.50	\$134.33
\$6,600			\$6,600	\$104.00	\$82.33	\$6,600	\$151.67	\$130.00	\$6,600	\$192.83	\$140.83
\$6,800	\$60.67		\$6,800	\$108.33	\$84.50	\$6,800	\$158.17	\$132.17	\$6,800	\$201.50	\$143.00
\$7,000	\$62.83	\$36.83	\$7,000	\$110.50	\$86.67	\$7,000	\$162.50	\$138.67	\$7,000	\$205.83	\$147.33
\$7,200	\$65.00		\$7,200	\$112.67	\$88.83	\$7,200	\$166.83	\$143.00	\$7,200	\$210.17	\$151.67
\$7,400		\$41.17	\$7,400	\$114.83	\$91.00	\$7,400	\$171.17	\$145.17	\$7,400	\$218.83	\$158.17
\$7,500	\$67.17	\$43.33	\$7,500	\$119.17	\$93.17	\$7,500	\$173.33	\$147.33	\$7,500	\$221.00	\$160.33

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date and any date on which benefits are changed. However, your rates may only change if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people all with the same issue age, Waiting Period, and Plan. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and GEBA.

IMPORTANT NOTICE: How New York Life Obtains Information and Underwrites Your Request For Group Long Term Disability 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 qualifies 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, 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 life and health 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 (TTY (866) 346-3642). 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 PERSONS have a right of access to certain CONFIDENTIAL ABUSE INFORMATION 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

Long Term Disability Terms and Conditions

Administrative Information: The following information, along with the information contained in the Certificate of Insurance, comprises the Summary Plan Description under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, for the benefits described in the preceding Certificate of Insurance. This Plan is insured by New York Life® Insurance Company under a group contract no. G-29344-0 issued to GEBA.

Important information concerning your Plan is outlined below:

Name of Plan: GEBA Group Benefits Plan “(the Plan”). All benefit programs that GEBA sponsors for its membership, including this group long term disability program, constitute one employee welfare benefit plan within the meaning of ERISA, the federal law that governs this Plan.

Plan Participants: The Plan provides benefits for all members who have been approved for coverage.

Plan Sponsor: Government Employees’ Benefit Association, Inc., 1362 Mellon Road, #100, Hanover, MD 21076, (410) 657-8060.

Employer ID Number: EIN #52-6051763 Plan Number: 501

Plan Administrator: The Plan is administered and maintained by GEBA, at the address listed above (see “Plan Sponsor”). Benefits are provided by the New York Life Insurance Company under a group contract no. G-29344-0 issued to GEBA.

Type of Administration: The Plan is administered by the Plan Administrator (GEBA), at the address listed above (see “Plan Sponsor”). The duty of the Plan Administrator is to see that the provisions of the Plan, including this program, are carried out for the benefit of the persons entitled to participate without discrimination among participants.

Amendment or Termination of Plan: This program and any other program under the Plan and the Plan itself may be amended or terminated at any time by GEBA. If the Plan is terminated, GEBA may use plan assets to pay benefits outstanding as of the later of the date the termination is adopted or is effective, and Corporation expenses. Any remaining assets will be allocated by a Board of Directors’ resolution that conforms with applicable law and does not adversely affect the Code Section 501(c) (9) qualified status held by GEBA. If the Plan is merged with another plan or Plan assets are transferred to another plan, Plan assets will be allocated according to the merger or acquisition agreement’s terms.

Agent for Service of Legal Process: National Registered Agents, Inc., 1090 Vermont Ave., N.W., Washington, D.C. 20005. Legal Process may also be served on GEBA’s Executive Director, at the address listed above (see “Plan Sponsor”).

For disputes arising under the insurance contract, service of legal process may be made upon New York Life Insurance Company at one of its local offices or upon the Supervisory Official of the Insurance Department in the State in which you reside.

Plan Year: All financial records of the Plan are kept on a fiscal year of January 1 through December 31.

Cost of Benefits and Plan Funding: Premiums for this program are paid by you, the Plan Participants. Benefits under this program are funded by the New York Life Group Contract No. G-29344-0. issued to GEBA.

Details of the Plan: Consult your Group Insurance certificate for information about the Plan regarding eligibility for participation, description of benefits, and disqualification, ineligibility or denial, loss, forfeiture, or suspension of benefits.

Claims Procedures

Procedures for Presenting Claims for Benefit: Claim forms needed to file for benefits under the group insurance program can be obtained from the Government Employees’ Benefit Association, Inc. (GEBA) staff who will also be ready to answer questions about the insurance benefits and to assist you or your beneficiary in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Usually, the completed claim form should be returned to GEBA who will certify that you are insured under the Plan and will then forward the claim form to New York Life Insurance Company.

When the claim has been processed, you or your beneficiary will be notified of the benefits paid. If any benefits have been denied, you or your beneficiary will receive a written explanation.

Requesting a Review of Claims Denied in Whole or in Part: In the event a claim has been denied in whole or in part, you or your beneficiary may request a review of the claim by New York Life Insurance Company.

This request for review must be sent to Group Insurance Claims Review at the address of New York Life Insurance Company office which processed the claim, within 60 days after you or your beneficiary receive notice of denial of the claim. When requesting a review, please state the reason you or your beneficiary believe the claim was improperly denied and submit any questions or comments deemed appropriate.

New York Life Insurance Company will reevaluate the information and you will be informed of the decision in writing in a timely manner.

The New York Life Insurance Company as Claims Administrator has the sole discretion to interpret the terms of the Group Contract, to make factual findings, and to determine eligibility for benefits. The decision of the Claims Administrator shall not be overturned unless arbitrary and capricious.

Name and Address of Plan Sponsor: Government Employees’ Benefit Association, Inc., 1362 Mellon Road, #100, Hanover, MD 21076, (410) 657-8060.

Your Rights under ERISA

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all Plan Participants shall be entitled to:

Receive Information About Your Plan and Benefits

1. Examine, without charge, at the GEBA Office, all Plan documents and copies of all documents filed by the Plan with the U.S. Department of Labor, such as the latest annual reports (form 5500 Series) and Plan descriptions. This examination may take place between the hours of 10 a.m. and 3 p.m. Monday through Friday, except holidays.

2. Obtain copies of these Plan documents (including insurance contracts and the Series 5500 report) upon written request to the Board of Directors of GEBA who may make a reasonable charge for the copies.

3. Receive a summary of the Plan’s annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan Participants and beneficiaries. No one, including an employer, your benefit association, or any other entity may discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to this decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in federal district court. In such case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that are denied or ignored in whole or in part, you may file suit in a state or federal court. If the Plan Fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court. The court will decide who should pay court costs and fees. If you lose, the court may order you to pay these costs and fees. For example, you may have to pay these fees if the court finds your claim to have been frivolous.

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.



This Group Long Term Disability Plan is Underwritten by:
New York Life Insurance Company,
51 Madison Ave, New York, NY 10010
Under Group Policy G-29344-0
on Policy Form GMR-FACE/G-29344-0

