*Note—The acceleration of life insurance benefits offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986, IRC Section code 101(g). If the acceleration of life insurance benefits qualifies for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to the acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

†If a dependent is confined for medical treatment, coverage will become effective when the dependent is released by a doctor from such confinement.

Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered terminally ill. You may wish to seek professional tax advice before exercising this option. This brochure describes the Group Insurance Plan in a general manner.

A Booklet-Certificate with complete plan information, including limitations and exclusions, will be provided when you enroll. If there is a discrepancy between this communication and the Booklet-Certificate issued by The Prudential Insurance Company of America, the Booklet-Certificate will govern.

NCPERS is a non-profit organization that provides education and support to public employee retirement systems. NCPERS has no role in the administration of the life insurance program and the benefits are guaranteed solely by the insurance carrier. NCPERS is compensated solely for the use of its name, service marks, and mailing lists.

Plan arranged and managed by Gallagher Benefit Services, Inc., the employee benefits division of Arthur J. Gallagher & Co. Gallagher receives compensation for the marketing and services they provide, which is discussed and disclosed annually with NCPERS.

Group Decreasing Term Life Insurance, Dependent Group Decreasing Term Life Insurance, and Accidental Death & Dismemberment Insurance are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, New Jersey 07102. Contract Series: 83500.

This AD&D policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York Department of Financial Services.

IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

The plan is administered by HealthSmart Benefit Solutions, Inc. Gallagher Benefit Services, Inc. and HealthSmart Benefit Solutions, Inc. are not affiliates of Prudential.

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HealthSmart® SMARTER HEALTHCARE SOLUTIONS

Gallagher Benefit Services, Inc.

Prudential

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ILLINOIS

Extra Protection For Your Family

Group Decreasing Term Life Insurance

IMRF

NCPERS 1941

National Conference on Public Employee Retirement Systems

Prudential

The Prudential Insurance Company of America

0203197 Ed. 0515

The Voice for Public Pensions

Dear Member:

Participating in a pension plan for public employees is a great first step to protecting your family's future. But, if you're like many, your needs may not be fully met by your pension plan. That's where the NCPERS Group Decreasing Term Life Insurance Plan can help.

The plan is custom designed to give your family extra financial security when they need it most. A valuable member benefit regardless of your age, it offers supplemental protection, including:

Decreasing Term Life Insurance—
For you.

Accidental Death & Dismemberment Insurance—
For you.

Dependent Term Life Insurance—
For your spouse or domestic partner and all of your eligible children.

Plus, you get all of this protection for just $16 a month—that's less than the cost of a cup of coffee per day.

Our plan is issued by The Prudential Insurance Company of America (Prudential)—a name you know and trust.

We're pleased to offer you the opportunity to review your insurance needs and purchase supplemental insurance for you and your family.

Don't miss out—enroll today!

Sincerely,

Melvyn Carlson

President

Extra Financial Security

Designed especially for public employees like you, this voluntary plan offers a supplementary survivor's benefit to augment your retirement system's benefits.

Solid as a Rock

Since our plan's inception more than 45 years ago, Prudential has paid over $105 million to NCPERS members and their beneficiaries. The plan is well designed and financially sound, with plan reserves committed to maximize benefits to participants. It currently serves the needs of over 100,000 public employee retirement system members and their dependents nationwide.

For More Information

Read on to find out…

- Why you may need this extra protection.
- What kind of coverage you can get.
- What it costs.
- Why you should buy it at work.
- How and when to enroll.

"How do I get more information?"

For additional information about life insurance or how to file a claim, please contact:

HealthSmart Benefit Solutions, Inc.
10303 East Dry Creek Road, Suite 200
Englewood, CO 80112
Phone: 800-525-8056
E-mail: NCPERS@healthsmart.com
www.NCPERSVoluntaryLife.com/imrf

Sign Up For This

Exclusive IMRF Member Benefit

TODAY!

"More questions?"

Q. Is a medical exam required?

A. No, you and your family are guaranteed coverage without having to answer any health questions or take any medical exams.

Q. Does the plan pay in addition to a retirement system's survivor benefits?

A. Yes, this plan will pay a benefit in addition to pension and other insurance plans you may have.

Q. Who is eligible for this coverage?

A. All active members of the retirement system who are actively at work may enroll.

Q. When will my coverage go into effect?

A. If you enroll within 90 days of your date of employment, you will become insured on the first day of the month following your first payroll deduction. If you enroll during the open enrollment period, your coverage begins on the first day of the month following your first payroll deduction after open enrollment. Your member coverage will be delayed if you are not actively at work on the coverage effective date. Instead, your coverage will begin on the date you meet the actively-at-work and other insurance requirements for covered members. Dependent coverage begins when your insurance coverage becomes effective.†

Q. When will my coverage end?

A. Coverage will end if you discontinue payments, cease to be a member of the eligible classes, or if the plan is discontinued. Refer to the Booklet-Certificate for details.

Q. What if I want to change my beneficiary?

A. To change your beneficiary, simply indicate your new designation on the Enrollment and Beneficiary Form and return it to your employer.

"Why do I need extra protection?"

Protecting your family's future through your pension benefit is something you can feel good about. But, how would your family support themselves if something tragic happened to you before you could accrue a substantial pension benefit? Even if your pension was sizeable, how much of it would be eaten up by costly final expenses?

Designed for employees of all ages, this Group Decreasing Term Life Insurance plan is valuable for…

Members Under 50:

It provides a substantial benefit—an easy way to supplement pension survivor benefits during the early family-building years when pension plan survivor benefits are lower and your family's needs are greatest.

Members Over 50:

It provides a good way to help cover incidental expenses associated with death—like those for burial, medical, and debt, so other life insurance coverages can be used to maintain your family's lifestyle.

"What coverages can I get?"

For **an affordable price,** you get **all** of the following coverages for you and your family.

Group Decreasing Term Life

This coverage—which pays your beneficiary a maximum benefit amount in your younger years and a gradually decreasing benefit amount in your older years—will help give you peace of mind for your family's well-being.

Accidental Death & Dismemberment (AD&D)

This additional coverage pays you or your beneficiary a benefit for loss of life or other injuries resulting from a covered accident—100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight and dismemberment of hands or feet.

AD&D Exclusions—No benefit will be paid due to loss from the following: war; suicide or attempted suicide; any bacterial or viral infection (unless the infection was the result of an accidental cut or wound); bodily or mental infirmity or disease, or medical or surgical treatment thereof; or by aircraft travel if you have any duties aboard the aircraft, or if you are giving or receiving training for such duties.

Dependent Term Life

This plan provides Group Decreasing Term Life Insurance for your spouse or domestic partner and a flat benefit for all of your dependent children. The benefit amount will be paid to you in a lump sum on an eligible dependent's death due to any cause. Spousal or domestic partner benefits are determined by your age at the time of your spouse's or domestic partner's death.

Domestic partners may not be recognized in all states.

"How much does this coverage cost?"

Coverage is available at a lower group cost through the purchasing power of the National Conference on Public Employee Retirement Systems. Every member, regardless of age, pays the same cost—just $16 a month. Your cost does not increase with your age. The plan pays a maximum benefit amount in your younger years and a gradually decreasing benefit amount in your older years.

"What are the advantages of this insurance?"

- **Guaranteed Acceptance**—
  no health questions asked.
- **24/7 Coverage**—
  on or off the job.
- **Affordable**—
  $16 a month regardless of your age.
- **Easy Payment**—
  by automatic payroll deductions.

Schedule of Benefits – $16 Monthly Contribution

(Covers You, Your Spouse or Domestic Partner, and Your Children)

	MEMBER			DEPENDENT	
Member's Age at Time of Claim	Group Term Life	Group Accidental Death & Dismemberment	Total Benefit For Accidental Death	Group Term Life Spouse/Domestic Partner	Group Term Life Child(ren)*
Less than 25	$225,000	$100,000	$325,000	$20,000	$4,000
25 - 29	$170,000	$100,000	$270,000	$20,000	$4,000
30 - 39	$100,000	$100,000	$200,000	$20,000	$4,000
40 - 44	$65,000	$100,000	$165,000	$18,000	$4,000
45 - 49	$40,000	$100,000	$140,000	$15,000	$4,000
50 - 54	$30,000	$100,000	$130,000	$10,000	$4,000
55 - 59	$18,000	$100,000	$118,000	$7,000	$4,000
60 - 64	$12,000	$100,000	$112,000	$5,000	$4,000
65 and over	$7,500	$7,500	$15,000	$4,000	$4,000

Monthly cost effective 6/1/2002.

Payment Examples:

1. If an insured member age 38 dies of natural causes, the beneficiary would receive $100,000. If death is due to a covered accident, $200,000 would be payable.
2. If the spouse or domestic partner of a 42-year-old member dies, the member would receive $18,000.
3. If a dependent child less than age 26 dies, the payment to the member would be $4,000.

*Unmarried children age 14 days but less than 26 years old are covered, including adopted children, stepchildren, and foster children who depend on you for support. Dependents in military service are not eligible.

For your convenience, payment is made by payroll deduction. Please send no money.

"What special features are offered?"

Waiver of Premium

If you are less than 60 years old and become totally disabled for at least nine months, your insurance may be continued without further premiums, as long as you furnish annual proof of your continued total disability satisfactory to Prudential.

Accelerated Benefit Option*

If you are terminally ill with a life expectancy of six months or less, you may receive up to 50% of your insurance benefits—up to $112,500 in advance. The death benefit, payable to your beneficiary, will be reduced by that amount.

Additional AD&D Benefits

- Education Benefit
- Seat Belt Benefit
- Air Bag Benefit
- Repatriation Benefit

Conversion of Coverage

If you cease to be a member, you can convert your insurance to a Prudential individual life policy within 31 days following termination of insurance. Dependent Spouse or Domestic Partner Term Life coverage can also be converted if you cease to be a member or die.

Retirement Coverage

Coverage can be continued into retirement if you are insured as an active member and will receive a benefit upon retiring. Simply authorize the retirement system to deduct your contributions from your retirement check.

"How can I enroll?"

You may enroll within 90 days of the date of your employment or during the open enrollment period.

To enroll:

- Complete the enclosed Enrollment and Beneficiary Form, or
- Go to the Life Plan's link on the plan sponsor's website to obtain a printable copy of the form.

Make certain to complete the form in full to avoid any problems with future claims submission.

Submit your completed enrollment form to your employer. Your employer will begin payroll deductions and forward your enrollment information to HealthSmart Benefit Solutions, Inc.

The Prudential Insurance Company of America – Enrollment and Beneficiary Form

751 Broad Street • Newark, NJ 07102

NCPERS $16 PLAN Control No.: 92860

Please submit your complete enrollment form to your employer. Your employer will begin payroll deductions and forward your enrollment information to HealthSmart Benefit Solutions, Inc. Questions? Call 1-800-525-8056.

FOR EMPLOYER:

Please complete this section. Additionally, it is important that you review the form for complete information. All sections must be completed in order for The Prudential Insurance Company of America to process claims.

Please show date of first deduction _____ (Mo. Day Yr.)

EMPLOYER Unit No. 0944

Return completed form to:
HealthSmart Benefit Solutions, Inc.
10303 East Dry Creek Rd., Ste. 200
Englewood, CO 80112
1-800-525-8056
Email: NCPERS@healthsmart.com

Member Information ☐ New Member Enrollment ☐ Open Enrollment ☐ Change of Beneficiary

Last Name | First Name | MI

Street Address | City | State | ZIP code

Social Security Number ___ – __ – ____ | Primary Phone Number _____ _____ | Your Date of Birth (mm/dd/yyyy) _____ /_____ /_____

Date of Employment

_____ /_____ /_____ Actively at work?* ☐ Yes ☐ No – If no, you are not eligible for this coverage. ☐ Male ☐ Female

*Active Work Requirement: A requirement that a member be actively at work as normally required by the employer or as predetermined by the member's Public Employee Retirement Systems group on the date of the insurance is to begin.

I declare the above statements and answers are complete and true and understand they are the basis for providing life insurance under a plan (or plans) issued by The Prudential Insurance Company of America (Prudential) to the National Conference on Public Employee Retirement Systems (NCPERS), in which I will participate upon becoming insured. I hereby authorize my employer to deduct from my wages amounts equal to the contributions required for me toward the premiums for Group Insurance under the NCPERS plan issued by Prudential. A photographic copy of this authorization shall be as valid as the original. The effective date of coverage will be the first day of the month following payment of my contribution through payroll deductions. I understand that my member coverage will be delayed if I am not actively at work on the coverage effective date. Instead, my coverage will begin on the date I meet the actively-at-work and other insurance requirements for covered members.

National Conference on
Public Employee Retirement Systems

Prudential

Member Information

Last Name | First Name | MI | Social Security Number

FLORIDA RESIDENTS – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **This notice ONLY applies to accident and disability income coverage.**

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMAL ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

I have read and understand the terms and requirements of the fraud warnings included on the last page of this form.

Member Signature (Sign in ink.) _____ Date_____

FOR INSUREDS WHO RESIDE IN MICHIGAN OR MINNESOTA ONLY – If you wish to enroll your spouse, domestic partner, and/or eligible child 18 years of age or older for Dependent Group Decreasing Term Life and/or Accidental Death and Dismemberment Insurance coverage(s), your spouse, domestic partner, and/or each of your eligible children age 18 years or older must consent to such coverage by signing and dating this consent in the appropriate space(s) below.

Spouse/Domestic Partner Signature (Sign in ink.) _____ Date_____

Child Signature (Sign in ink.) _____ Date_____

Child Signature (Sign in ink.) _____ Date_____

Please indicate your Primary and Contingent beneficiary designations on the next page.

Primary and Contingent Beneficiary Designations

Member Information

Last Name	First Name	MI	Social Security Number
			___ – __ – ____

Member Beneficiary Designations (to be completed by member or assignee, if assigned)

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than one primary beneficiary. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Group Decreasing Term Life coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

Primary Beneficiary

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	ZIP
Check one, if applicable:	☐ Trust ☐ Estate ☐ Corporation	Entity Name:	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	ZIP

Contingent Beneficiary Designation — Death benefits will be paid to the contingent beneficiaries if the primary beneficiary(ies) is not alive. Use a separate sheet if you want to name more than two contingent beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields.

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	ZIP
Check one, if applicable:	☐ Trust ☐ Estate ☐ Corporation	Entity Name:	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	ZIP

Member Signature (Sign in ink.) _____ Date_____

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The plan is administered by HealthSmart. HealthSmart and Gallagher Benefit Services, Inc. are not affiliates of Prudential.

Group Decreasing Term Life, Dependent Group Decreasing Term Life, and Accidental Death and Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Contract provisions may vary by state. California COA # 1179, NAIC # 68241. Contract Series: 83500.

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Ed. 03/15

For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia, and Washington; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS, DISTRICT OF COLUMBIA, and RHODE ISLAND RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MARYLAND RESIDENTS – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PENNSYLVANIA and UTAH RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO RESIDENTS – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS – Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

WASHINGTON RESIDENTS – Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill". You may wish to seek professional tax advice before exercising this option.