



City of Billings - Voluntary Benefit

▶ Guaranteed coverage from a source you can trust.

Take advantage of Decreasing Term Life Insurance

As an employee of The City of Billings, you are automatically a member of the National Conference on Public Employee Retirement Systems (NCPERS). NCPERS is one of the largest trade associations for public sector employees, serving approximately 21 million employees and retirees. As a member, you can take advantage of member benefits and soon apply for Group Decreasing Term Life Insurance. This affordable Public Employee Financial Protection Plan is designed specifically with you in mind.

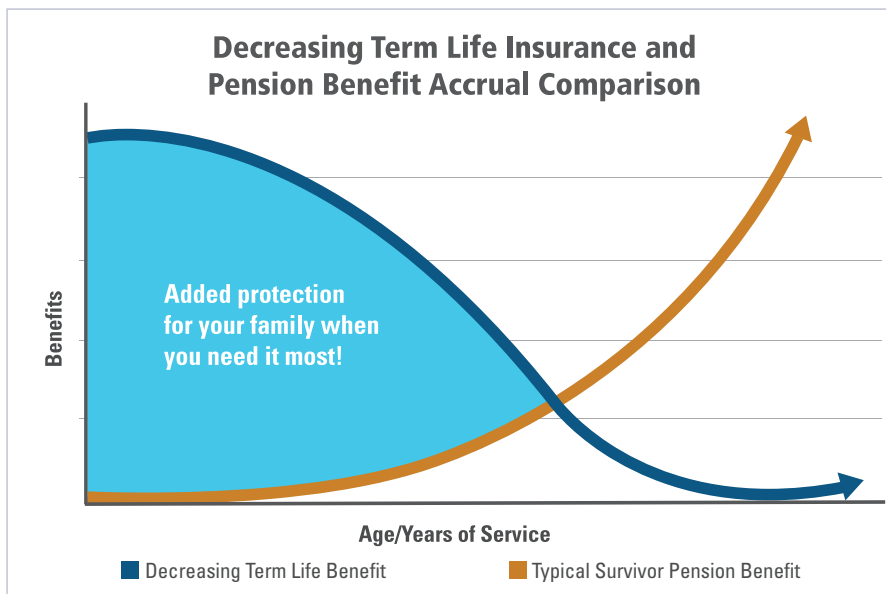
Reliable coverage is issued by The Prudential Insurance Company of America (Prudential), a company with over 140 years of experience.

Life insurance can help your family go on

The money your family receives can help pay the mortgage so they can continue to live in their home, or it can go toward the college education they deserve. It can be used to settle final expenses, or it can help ensure your spouse can retire with dignity.

More coverage when you need it most

This affordable plan pays a maximum benefit in your younger years, when you need it more—during early family-building years when your needs are the greatest and your pension benefits are lower—and a gradually decreasing amount as you get older, when you may have greater savings and lower expenses.



The plan by the numbers:

150,000 covered

members, retirees, and dependents

Paid **\$13 million**

in benefits in 2016

Covered members and their families for

40 years

See the reverse side for more important information. ▶



Prudential
Bring Your Challenges®

Features include:

- Guaranteed coverage—no medical exams required, and you can't be turned down
- Flat rate of \$17/month that can even be carried throughout retirement
- AD&D insurance at no additional cost, which provides a benefit for covered injuries and pays an additional death benefit for you
- Spouse and dependent life coverage provided at no additional cost
- 24/7 coverage on or off the job
- Estate Guidance Service—create a simple will at no cost and/or purchase a Living Will/Power of Attorney for \$19.99.†
- 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
- 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*

Coverage designed for every stage of your life—\$17 per month. **(\$8.50 over 24 paydays annually)**

Members				Dependent Group Term Life	
Member's Age at Time of Claim	Group Term Life	Group AD&D	Total Benefit For Accidental Death	Spouse/Domestic Partner	Child(ren)*
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000
25 to 29	\$170,000	\$100,000	\$270,000	\$20,000	\$4,000
30 to 39	\$100,000	\$100,000	\$200,000	\$20,000	\$4,000
40 to 44	\$65,000	\$100,000	\$165,000	\$18,000	\$4,000
45 to 49	\$40,000	\$100,000	\$140,000	\$15,000	\$4,000
50 to 54	\$30,000	\$100,000	\$130,000	\$10,000	\$4,000
55 to 59	\$18,000	\$100,000	\$118,000	\$7,000	\$4,000
60 to 64	\$12,000	\$100,000	\$112,000	\$5,000	\$4,000
65 to 69	\$7,000	\$7,000	\$14,000	\$4,000	\$4,000
70 to 74	\$6,000	\$6,000	\$12,000	\$3,000	\$4,000
75 to 79	\$5,000	\$5,000	\$10,000	\$2,000	\$4,000
80 to 84	\$4,000	\$4,000	\$8,000	\$2,000	\$4,000
80+	\$3,000	\$3,000	\$6,000	\$2,000	\$4,000

Coverage for the whole family

This plan also includes coverage 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.

There is an Annual open enrollment for this voluntary benefit starting February 1 and ending March 31 every year.

Complete the attached enrollment and beneficiary form. Your employer will begin payroll deductions and forward your enrollment information to Member Benefits.

If you have any questions, contact the plan's administrator, Member Benefits, at 800-525-8056 for assistance.

Detailed brochure available on city website under: Human Resources, Forms & Resources

Video link for add'l details: <https://vimeo.com/360914271>

†The Estate Guidance service is an optional service provided by ComPsych® Corporation. Prudential is not responsible for the services provided by ComPsych Corporation, but helps coordinate billing for this service with its premium billing.

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

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

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500.

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The Prudential Insurance Company of America – Enrollment and Beneficiary Form

751 Broad Street • Newark, NJ 07102

NCPERS \$17 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 Member Benefits. 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.

Coverage Start Date ____/01/____ (Must be 1st of month)

EMPLOYER Unit No. COB - City of Billings, Montana

Return completed form to:

Member Benefits
7645 Gate Parkway, Suite 101
Jacksonville, FL 32256
1-800-525-8056
Email: NCPERS@memberbenefits.com

Date of emailed enrollment to NCPERS: _____

Member Information

New HIRE Enrollment Open Enrollment (annual) 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.**

The District of Columbia requires insurers to provide the following notice to all employees being offered Accidental Death and Dismemberment, Accident Insurance and/or Critical Illness 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 (required) _____ Date Signed _____

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 Life and/or Accidental Death and Dismemberment Insurance coverage, 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. Coverage on your spouse, domestic partner, and/or eligible children age 18 or older will not become effective unless and until the requisite consent is provided.

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

Child Signature (Sign in ink.) _____ Date Signed _____

Child Signature (Sign in ink.) _____ Date Signed _____

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

For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, 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, LOUISIANA 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.

MAINE and 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.

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.

NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

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 the 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.

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.