

**SELF ADMINISTERED BY:**

WINGA Insurance Plan  
2400 Wright Street  
Room 205  
Madison, WI 53704-2572  
(608) 242-3100  
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**UNDERWRITTEN BY:**

New York Life  
Insurance Company  
51 Madison Avenue  
New York, NY 10010  
Policy Form GMR



**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 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 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.

**CURRENT MONTHLY PREMIUMS** (as of October 1, 2017)

Member	Coverage Amount:	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
Cov. Amt. After 1 Yr.**		\$17,000	\$25,500	\$34,000	\$42,500	\$51,000	\$59,500	\$68,000	\$76,500
Age: 20 & Under		\$3.66	\$5.33	\$7.00	\$8.67	\$10.34	\$12.01	\$13.68	\$15.35
21-30		4.00	5.83	7.50	9.17	10.84	12.51	14.18	15.85
31-40		4.33	6.33	8.00	9.67	11.34	13.01	14.68	16.35
41-50		4.66	6.83	8.50	10.17	11.84	13.51	15.18	16.85
51-70**		5.00	7.33	9.00	10.67	12.34	14.01	15.68	17.35
Rates increase as you get older and enter new age bracket.									
<b>Spouse Insurance**</b> (Stand Alone—Spouse coverage amount cannot exceed Member coverage amount)		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000
Monthly Premium:		\$2.00	\$4.00	\$5.33	\$7.00	\$8.67	\$10.34	\$12.00	\$13.67
<b>Life Insurance for Dependents**</b> (Includes Spouse—Dependent coverage amount cannot exceed Member coverage amount)									
Coverage Amount:	SPOUSE								
	CHILDREN								
	14 days to 6 months								
	6 months to 2 years								
	2 to 3 years								
	3 years to 21 years (26 if Full Time Student)								
Premium:		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000
		\$1,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
		\$2,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
		\$4,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
		\$5,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
		\$3.33	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66	\$6.66

**State Sponsored Life Insurance (SSLI)**



\*70% Increase for active members of Wisconsin National Guard only  
\*\*Life Benefits Reduce 50% at age 60. Premiums remain the same.

**Group Term Life Insurance For Wisconsin National Guard Service Members**

**State Sponsored Life Insurance (SSLI)**



**UP TO \$45,000 GROUP TERM LIFE INSURANCE BENEFITS**

- ★ \$1,000 NO COST COVERAGE FOR ALL GUARD MEMBERS
- ★ You are covered 24 hours a day, 365 days a year
- ★ Spouse and Child(ren) coverage available
- ★ No hazardous duty or civilian occupation restriction
- ★ No War or Aviation exclusions
- ★ In most cases, all valid member claims **paid within 24 hours** of receiving proper notification
- ★ Full conversion privilege regardless of health
- ★ Accelerated Death Benefit
- ★ Waiver of Premium



## ELIGIBILITY

All active and associate\* members under age 60 of the Wisconsin National Guard are eligible to apply for coverage. You may also apply for life insurance coverage for your eligible spouse or dependents. Eligible dependents include your lawful spouse under age 60 and unmarried children from 14 days to age 21 (26 if a full-time student). If both parents are insured as members, only one may request child coverage.

\*Associate Member include retired and separated guardsmen of the Wisconsin National Guard.

## \$1,000 BASIC BENEFIT

All eligible active members of the Wisconsin National Guard are automatically covered for \$1,000 of term life insurance, effective on the date of your enlistment. Premium is paid by your Wisconsin National Guard Association and this Basic Benefit will continue until you separate from active service in the Wisconsin National Guard or become otherwise ineligible. The Basic Benefit coverage terminates at the end of the month in which the member discontinues active service in the Wisconsin National Guard.

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

If you enroll within 120 days after joining the Wisconsin National Guard, you may request \$10,000 of member coverage at no cost to you for the first year, without submitting evidence of insurability. This benefit will become effective on the date your enrollment form is received by the Administrator.

## ADDITIONAL AMOUNTS AVAILABLE

Member have the option of applying for up to \$45,000 of insurance coverage by submitting evidence of insurability satisfactory to the Insurance Company. This coverage will automatically increase by 70% for active guardsmen after one year, provided you remain an active guard member. Once you have separated from the Wisconsin National Guard, the 70% automatic increase will reduce to a 10% increase. You may also apply for coverage for up to \$45,000 for your

spouse (Spouse Only) or dependent coverage (Spouse & Child(ren)) in accordance with the Monthly Premium chart. Spouse and/or dependent coverage amount cannot exceed member coverage amount at time of application. Life benefits for member and spouse reduce by 50% at age 60 with premium remaining the same.

The 70% automatic increase is not available to Associate members of WINGA.

## PAYROLL DEDUCTION AVAILABLE

Complete DD Form 2558 and the application form. If you do not qualify for payroll deduction, you will be billed quarterly.

## 24 HOUR PAYMENT OF CLAIMS

In most cases, New York Life pays a valid member's claim within 24 hours of receipt of proper notification. However, claims requiring further review and claims within the two year contestable period may not be payable within the 24 hour period.

## WHEN COVERAGE ENDS

Insurance will terminate if premiums are not paid as due; at the end of the payment period in which the member turns age 70; or the date the Group Policy is terminated.

Dependent coverage will end when your coverage ends or when your dependent attains the termination age or becomes otherwise ineligible. However, in the event of your death, a surviving spouse/dependent child can continue coverage provided premiums are paid when due and remains otherwise eligible.

## RIGHT TO CHANGE BENEFITS/RATES

Future benefits are subject to change by agreement between New York Life and the policyholder. Rates may be changed by New York Life on any premium due date and on any date in which benefits are changed, but only on a class wide basis. A class is a group of people with the same age and benefit option.

## EFFECTIVE DATE OF ADDITIONAL COVERAGE

Coverage is effective on the date the application is received by the Plan Administrator, provided the application is approved by New York Life, and your payroll allotment form has been received or premiums are paid when due (if you are direct billed). The automatic 70% benefit increase will take effect one year after the initial effective date in the plan, provided you are still eligible.

## DESIGNATING A MINOR AS BENEFICIARY

In the event that the child (or children) you have designated is (or are) a minor, please be aware that sometimes there can be a delay in the payment of proceeds, when the beneficiary is still a minor at the time of the insured's death. Payment can be delayed in Wisconsin until a surviving parent, relative or other interested party obtains a court appointment as guardian of the minor's estate for the purpose of receiving the proceeds on behalf of the child. Before naming a minor child as a beneficiary you may wish to consult an attorney.

## INCONTESTABILITY

The validity of any amount of insurance, which has been in force for two years during the insured's life, will not be contested except for eligibility and non-payment of premium.

## 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 attainment of the termination age date, provided the member remains totally disabled. Evidence from time to time of continued total disability will be required.

## ACCELERATED DEATH BENEFIT

The Accelerated Death Benefit feature is available to an insured person who has been diagnosed by a physician to be terminally ill and has 12 months or less to live (provided the member is under age 69). The Accelerated Death Benefit payable is 50% of the amount of insurance in force on the covered person's life on the date New York Life approves the request for the Accelerated Death Benefit, except that: If a reduction of insurance due to age is scheduled within one year of the date New York Life approves such request, the benefit payable will be 50% of such reduced amount of insurance. This benefit is payable once while the covered person is insured under the group policy, whether insurance is continuous or interrupted. There is no additional cost for the Accelerated Death Benefit. Receipt of an Accelerated Death Benefit may affect eligibility for public assistance programs and may be taxable. Prior to applying for such benefit, insureds should consult with the appropriate social services agency and assistance should be sought from a qualified tax advisor.

## GROUP CONVERSION PRIVILEGE

A conversion right is available to each covered person whose coverage ends or reduces for any reason except non-payment of premium or your request to end such insurance. Complete details will be available in your certificate of coverage and an application form for conversion may be obtained from the Administrator.

## INDIVIDUAL CERTIFICATE

Once approved, each insured member will be provided a Certificate of Insurance evidencing coverage, which is provided under the Group Policy Number G-29360-0. This brochure summarizes the benefits available under the Group Policy. For specific provisions, please refer to your Certificate of Insurance.

You will be given a 30 day "free look" to review the certificate and determine if the coverage meets your needs. If you determine it does not, simply write "cancel," on the face page, sign, date and return it without claim to the Administrator within 30 days and your coverage will be invalidated. You will receive a refund of any premium paid and be under no further obligation—no questions asked.

WINGA incurs costs in connection with this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for these costs.