

Group Term Life Insurance New York

Explore Your Benefits & Costs



Group Name: Catholic Health Services of Long Island (CHSLI)
Group Number: 73110-2
Class: All Employees Employees

You're committed to caring for your loved ones for a lifetime. If the future doesn't go the way you planned, Group Term Life Insurance can help. After a death, it provides a benefit payment that can be used for funeral expenses, co-signed loan debt, future education, or whatever your beneficiaries would like.

This document includes expanded information about Group Term Life Insurance, such as how much it will cost, details about what's covered and what's excluded, and more. As you explore, keep in mind:



No medical questions or tests are required for basic coverage*



Payroll deduction means you don't have to worry about another bill



Keep your coverage even if you leave your employer

It's difficult to think about loss, but important to be prepared for the unexpected. The Group Term Life Insurance available through your employer is a cost-effective way to stay covered in the coming year.

*If you choose coverage beyond the basic amount, you may need to answer questions about current and past health conditions and receive approval from the insurer. Learn more in the "Guaranteed Issue/Evidence of Insurability" section that follows.

ReliaStar Life Insurance Company of New York (Woodbury, NY),
a member of the Voya® family of companies


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Get basic coverage at no cost

Your employer is providing basic Group Term Life Insurance to you at no cost to you. This means that if you pass away during the “term” (your employer’s benefit year), beneficiaries will receive a benefit payment. Your coverage also includes Accidental Death & Dismemberment Insurance, which provides a benefit payment if you pass away or are severely injured in a covered accident.

The coverage being offered to you is:

	Coverage Amount
 For you	1 times basic annual earnings rounded to the next higher \$1,000 to a maximum of \$650,000. Full Time Employee Minimum benefit of \$20,000. Part Time Employee Minimum benefit of \$5,000.




Add supplemental coverage based on your needs

In addition to the basic coverage that's being provided at no cost to you, you have the opportunity to elect additional coverage when you enroll.

When you enroll, you'll have the opportunity to choose up to the following amount(s):



Not sure how much you need? Try the Life Insurance Calculator at go.voya.com/lifecalc to learn more.

	Coverage Amount	Guaranteed Issue Limit
 For you	Choice of 1 to 6 times basic annual earnings rounded to the next higher \$1,000 to a combined maximum of \$1,500,000	Any amount exceeding the plan maximum or 3 times your basic yearly earnings, whichever is less.
 Your spouse	Choice of \$5,000, \$20,000, \$50,000, \$100,000 or \$150,000, not to exceed 100% of the employee's Basic & Supplemental Life insurance amount.	Any amount exceeding \$20,000
 Your child(ren)*	\$4,000 or \$10,000	\$10,000

Children up to age 26. If your spouse or child are eligible for coverage as an employee, they are not eligible for additional coverage as a spouse or child.

Guaranteed-Issue Limit and Evidence of Insurability

The guaranteed-issue limit is the amount that’s available to new hires without providing evidence of insurability (EOI). To get coverage beyond this limit or add/increase coverage after this enrollment period, you’ll need to complete the EOI form for all applicable family members. This form includes questions about current and past health conditions. The insurer may request additional information before approving or denying coverage. When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

Age reductions

Benefit amount reduces to 65% at age 70, to 45% at age 75, to 30% at age 80 and to 20% at age 85. Premium amounts are also reduced accordingly, and automatically adjusted for the new benefit amount(s).

How much does it cost?

The cost for Supplement Life is calculated based on the start of the plan's current policy year.

Rates shown are guaranteed until January 1, 2026

Employee Supplemental Life Insurance Rates	
Employee Age	Monthly rate per \$1,000 of coverage
Under 25	\$0.02
25-29	\$0.02
30-34	\$0.02
35-39	\$0.028
40-44	\$0.045
45-49	\$0.075
50-54	\$0.13
55-59	\$0.20
60-64	\$0.27
65-69	\$0.44
70-74	\$0.78
75+	\$1.34

The rates are per individual.

Spouse Supplemental Life Insurance Rates	
Age	Monthly rate per \$1,000 of coverage
Under 25	\$0.042
25-29	\$0.042
30-34	\$0.067
35-39	\$0.071
40-44	\$0.083
45-49	\$0.125
50-54	\$0.192
55-59	\$0.358
60-64	\$0.55
65-69	\$1.058
70 +	\$1.716

Children Life Insurance Rates	
Monthly cost for all eligible children	
Coverage levels	Monthly cost
\$4,000	\$0.71
\$10,000	\$1.775



To calculate your total monthly cost:

Employee

Spouse

Child(ren)

1. Enter the amount of coverage you'd like for you, your spouse, and your child(ren).
2. Divide each amount by 1,000.
3. Using the rate tables above, find the appropriate rate per \$1,000 of coverage for each person.
4. Multiply each answer from Step 2 by the appropriate rate.
5. Add your answers from Step 4 together to find your total monthly cost.

What else is included?



receive a portion of the benefit early

Accelerated Death Benefit*

If you become a permanent resident of a nursing home or are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.



continue coverage at no cost

Waiver of Premium benefit

If you aren't working because you are totally disabled, Waiver of Premium allows you to keep your Group Term Life Basic and Supplemental coverage for a period of time without paying premiums.



keep coverage if employment ends

Continue or convert coverage

If your employment ends or you no longer meet your employer's eligibility criteria, you may have the option to continue coverage by paying premiums directly to the insurance company. You may also have the option to convert coverage into an individual Whole Life Insurance policy.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

*Receipt of accelerated death benefits may affect eligibility for public assistance programs. Receipt of accelerated benefits for a terminal illness may be taxable. Receipt of accelerated benefits for a nursing home residency are not expected to receive the same favorable tax treatment as the receipt of other types of accelerated benefits that may be available to you. Prior to applying for accelerated benefits, you should seek assistance from a qualified tax advisor.



Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (800) 955-7736

or go to <https://presents.voya.com/EBRC/chsli>

Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

Coverage amount(s) reduce based on age. Please refer to the “Eligibility and coverage options” table above.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company of New York (Woodbury, NY), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company of New York. Policy form LP14GP-NY; Certificate form LC14GP-NY; Spouse Life Insurance Rider form LR14GP-SPR-NY; Children’s Life Insurance Rider form LR14GP-CHR-NY; Continuation of Insurance Rider form LR14GP-CNT-NY; Waiver of Premium Rider form LR14GP-WOP-NY; Accelerated Death Benefit Rider form LR14GP-ABR-NY; AD&D Rider form LR14GP-ADD-NY; and Portability Rider LR14GP-PTS-NY. Form numbers, provisions and availability may vary by your employer’s plan.

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