

Dear Employee-Member:

We are pleased to offer you a Voluntary Group Life Plan from the National Conference on Public Employees Retirement Systems (NCPERS).

IMRF members-employees can purchase term life coverage through the Voluntary Group Life Plan with NCPERS. The plan is available through IMRF participation in NCPERS. It is underwritten by The Prudential Insurance Company of America and administered by Member Benefits.

The life insurance plan is designed to supplement your retirement benefits and other life insurance you may have through the IMRF or your employer. It gives you the opportunity to purchase affordable term life insurance **with no medical evidence requirements**. The monthly cost remains the same regardless of your age. Your insurance protection is greatest when your accrued retirement benefits are lowest.

The enclosed brochure provides details of the plan. You should also consider the following features:

- 1. The NCPERS Plan is an affordable plan, regardless of your age.
- 2. The plan provides you with the greatest amount of insurance when you need it most.
- 3. Coverage for your eligible **dependents is included** in your premium amount.
- 4. You do not need to answer any health questions or take a medical exam if you enroll during an open enrollment period. Coverage is effective on the first day of the month following your payroll deduction.
- 5. Any active IMRF member who has been covered as an active participant for at least one month can elect to **continue coverage into retirement** if they are receiving a monthly pension check.

Life insurance is an important part of financial planning. Please read the enclosed brochure carefully to see if you want to take advantage of the additional financial security that this coverage can help provide. You may enroll for this affordable coverage during the August 1st- September 30th open enrollment period. Simply complete the enrollment form that is part of the brochure and return it to your payroll office no later than September 30th. (Do not send the enrollment card directly to Member Benefits). Please keep in mind if you do not enroll now, you will have to wait until the next open enrollment to purchase this affordable life insurance protection.

We urge you to take advantage of the opportunity to enroll in this valuable coverage. Your insurance is automatically effective the first of the month following your first payroll deduction, with no medical evidence requirements. Coverage for your eligible dependents is automatically included in your monthly premium.

Please feel free to call Member Benefits at 1-800-525-8056 if you have any questions about the coverage or enrollment process.

Illinois Municipal Retirement Fund Public Employee Financial Protection Plan

Guaranteed coverage you can keep for life

Group Decreasing Term Life Insurance

Up to \$325,000 in total coverage for \$16 a month plus NEW Student Loan Benefit





National Conference on Public Employee Retirement Systems

1025138-00001-00

Life is filled with unexpected events

For \$16 a month, you can help protect everything you've worked so hard for, even after you're gone.

Through your employer, you are automatically a member of the National Conference on Public Employee Retirement Systems (NCPERS). It's one of the largest trade associations for public sector employees, providing benefits and plans to over 21 million employees and retirees.

NCPERS Public Employee Financial Protection Plan gives your family extra financial security when they need it most: when you're no longer there to help provide for them. This coverage is guaranteed issue, which means there are no medical questions or exams. **You can never lose coverage because of a change in your age or health.** And you'll be happy to know that your coverage is issued by **The Prudential Insurance Company of America (Prudential)**, a company with over 100 years of group life insurance experience. We're pleased to offer you this opportunity. Don't miss out—enroll today.

Sincerely,

Janiel Fortuma

Daniel Fortuna President



More coverage when you need it most

The plan is designed to pay a maximum benefit amount in your younger years, when your financial obligations may be more significant. That benefit gradually decreases as you get older, when your financial obligations may be less. And the flat rate helps ensure it's affordable coverage the whole time, with no surprise rate hikes.



\$16 a month means:

A way to supplement pension survivor benefits during the early family-building years, when your family's needs are greatest.



\$16 a month means:

Your family will have help covering essentials like funeral costs, medical bills, and credit card debt.



Exclusive member benefit—\$16/month.



NCPERS has paid **\$13 million** in benefits in 2016 and covered members and their families for 40 years.

NCPERS' Public Employee Financial Protection Plan includes:

For You: Group Decreasing Term Life

With Group Decreasing Term Life Insurance, your family can have insurance protection against the unexpected. The money can go toward paying for funeral expenses, mortgage, rent, credit card bills, college tuition, and other expenses.

For You: Accidental Death & Dismemberment (AD&D)

Your beneficiary can receive an additional benefit for loss of your life resulting from an accident. You may also be eligible for a benefit if you are in an accident which results in specific injuries. Injuries covered may include loss of sight, coma, or dismemberment of hands or feet.*

For Your Family: Spouse and Dependent Group Decreasing Term Life

At no added cost, this plan provides Dependent 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, and the benefit amount will be determined by your age at that time.

*See the Booklet-Certificate for complete plan information, including limitations and exclusions.

A group rate that's competitive

NCPERS guarantees that every active member, regardless of age, pays \$16 a month, and it will **never increase**.

Dependent Group Decreasing Term Life

Member's Age at Time of Claim	Group Decreasing Term Life	Group AD&D	Total Benefit for Accidental Death	Spouse Domesti Partner	c 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 and over	\$7,500	\$7,500	\$15,000	\$4,000	\$4,000

Payment Examples:

Members

- 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.

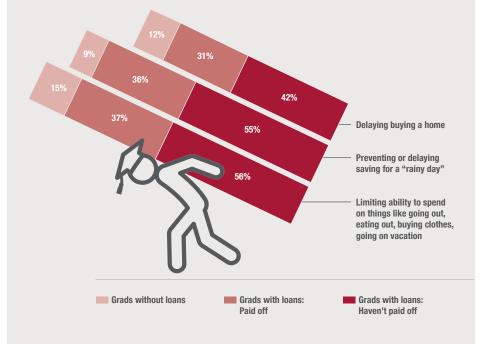
*Unmarried children up to age 26 are covered, including adopted children, stepchildren, and foster children who depend on you for support. Dependents in the military service are not eligible.

Please note: insurance coverage for a child will not end at age 26 if the child is then mentally or physically incapable of earning a living and meets the definition of Qualified Dependent.

NEW! Student Loan Protection Benefit

Included in the Group Decreasing Term Life Insurance Plan at no extra cost

Paying off student loans can be challenging enough—but when an unexpected illness or disability prevents you from earning a paycheck, things can get out of control quickly unless you have a backup plan. Ask yourself this: when you are unable to work and faced with a student loan payment in addition to countless other bills, what will you do?



The Student Loan Burden Can Result In**:



52% of Americans have less than \$10,000 in savings**

New Benefit Can Help Keep your Financial Future on Track

The Student Loan Protection benefit is included in Group Decreasing Term Life Insurance Plan at no extra cost. For members age 45 and under, Prudential will reimburse the amount of student loans you owe up to a maximum of \$50,000, should you become totally disabled under the terms of the policy* and have an outstanding student loan balance.

Limited Time Offer!

Don't miss your one chance this year to get this plan.

Reply with the enclosed enrollment form today.

*Total Disability: You are "Totally Disabled" when: (1) You are not working at any job for wage or profit; and (2) Due to Sickness, Injury or both, you are not able to perform for wage or profit, the material and substantial duties of any job for which you are reasonably fitted by your education, training or experience.

** American Payroll Association, "Getting Paid in America" Survey, 2016.

Special features

NEW! Student Loan Protection Benefit

If you are age 45 and under, approved for a waiver of premium claim due to a total disability, and have an outstanding student loan balance, Prudential will reimburse the amount of student loans that you owe up to a maximum of \$50,000. We developed this benefit to help address the rising burden of student loans.

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.

Option to Accelerate Payment of Death Benefits*

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 a maximum of \$112,500 in advance. The death benefit, payable to your beneficiary, will be reduced by that amount.

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 Group Decreasing 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 continue to receive a benefit upon retiring. Simply authorize the retirement system to deduct your contributions from your retirement check. Your premium will remain the same regardless of your age.



150,000 of your peers have coverage.

Benefits summary

- Guaranteed coverage—no medical exams or questions required
- 24/7 coverage on or off the job
- Spouse and dependent coverage included
- AD&D coverage included
- Student Loan Benefit

Enrolling is easy

Complete the enclosed enrollment and beneficiary form, go to www.ncpersvoluntarylife.com/imrf, or your employer's website to obtain a printable copy of the form. Submit your completed enrollment form to your employer. Your employer will begin payroll deductions and forward your enrollment information to Member Benefits.

Questions? Contact:

Member Benefits

10739 Deerwood Park Blvd, Suite 200-B, Jacksonville, FL 32256

- \$800-525-8056
- NCPERS@memberbenefits.com

Information about when coverage begins and ends

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. 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. 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.

*Option to Accelerate Payment of Death Benefits 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 it provides, which is discussed and disclosed annually with NCPERS.

Group Decreasing Term Life Insurance, Dependent Group Decreasing Term Life Insurance, and Accidental Death & Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. 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 State Department of Financial Services.

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

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

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The Prudential Insurance Company of America – Enrollment and Beneficiary Form

751 Broad Street • Newark, NJ 07102

NCPERS \$16 PLAN email to benefits@joliet86.org Control No.: 92860				
Please submit your complete enrollment for			tions	
and forward your enrollment information to	Wember Benefits. Questions? Cal	1-800-525-8056.		
FOR EMPLOYER: Please complete this section. Additionally, form for complete information. All sections The Prudential Insurance Company of Ame Coverage Start Date1_1_1_202	must be completed in order for rica to process claims.	10739 Deerwood Pa Jacksonville, N/32 1-200-625-8056	ark Blood, Suite 200 B	
EMPLOYER Unit No1705		Linan. Nor Endem	emberbenents.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	e of Birth (mm/dd/yyyy)	
		/	//	
Date of Employment				
// Actively at wo	rk?* 🔀 Yes 🗌 No – If no, you a	re not eligible for this cove	erage. 🗍 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 that 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.				





Page 1 of 4

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 (Sign in ink.) _____ 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.

Primary and Contingent Beneficiary Designations

Last Name	First Name	First Name MI S		Social Security Number
-	esignations (to be completed	-		
please complete the corresponding one primary beneficiary is designate	ny beneficiary. Use a separate sheet if you fields. Do not name a beneficiary for Depen ed, settlement will be made in equal shares ficiary, or no beneficiary survives the insure	dent Group Decreasing to the designated bene	Term Life coverage; these be ficiaries (or beneficiary) who	nefits are paid to you while living. If more than are then still living, unless their shares are
Primary Beneficiary				
Last Name	First Name	MI		Telephone Number
Social Security Number	Date of Birth	Relation	ıship	Percentage
Street Address	City	State		ZIP
Check one, if applicable:	Trust Estate	Trust Estate Corporation Entity Name		
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation	on Date	Telephone Number	Percentage
Street Address	City		State	ZIP
	esignation — Death benefits will be pai gent beneficiaries. If designating a Trust, Es			iciary(ies) is not alive. Use a separate sheet if you ing fields.
Last Name	First Name	MI		Telephone Number
Social Security Number	Date of Birth	Relation	iship	Percentage
Street Address	City	City State		ZIP
Check one, if applicable:	🗌 Trust 📄 Estate 🗌	Trust Estate Corporation Er		
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation	on Date	Telephone Number	Percentage
Street Address	City		State	ZIP

Member Signature (Sign in ink.) _____

Member Information

Date Signed ____

NCPERS is a non-profit organization that provides education and support to public employment 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.

The plan is administered by Member Benefits. Member Benefits 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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NAT20_FM_GI6_01 Ed. 4/20 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.

MB MemberBenefits



