

Enroll Online Now at: <https://capitalins.com/enroll-ltd>

Disability Income Protection

For Full-Time Employees
of the State of Florida



Participating Departments and Agencies:

Department of Commerce
Department of Education
Department of Elder Affairs
Department of Environmental
Protection
Department of Financial Services
Department of Highway Safety &
Motor Vehicles
Department of Lottery
Department of Revenue
Department of State
Division of Administrative
Hearings
Florida Commission on Offender
Review
Florida Gaming Control
Commission
Justice Administrative
Commission
Office of the Governor
Public Service Commission
State Court System

*How long can you go
without a paycheck
and still pay your
bills?*



**Capital Insurance
Agency, Inc.**

*This Plan Marketed and Serviced by
Capital Insurance Agency, Inc.*

For Monthly Employees of the State of Florida

LINA Disability, through **New York Life Group Benefit Solutions**, is a fully insured disability income policy that can help protect your income – and your family’s lifestyle – in the event you are unable to work due to a covered accident or sickness.

This Plan is offered only to State of Florida full-time employees in participating agencies and pays in addition to annual leave and sick leave benefits. It offers you the ability to choose a plan that fits your financial situation and is an important part of your employee benefits package. Review the chart on page 8 and determine the group that fits your financial situation based on the different elimination periods for sickness or accident, and benefit amount.

Policy Provisions

This is a brief description of coverage underwritten by Life Insurance Company of North America (LINA), through [New York Life Group Benefit Solutions](#) - insuring eligible employees of the State of Florida. This is not the insurance contract. Terms and conditions of coverage are set forth in the group insurance contract.

Definition of Disability

Disabled is defined by the insurance policy as a disability caused by an injury or sickness disabling a person to the extent the individual is unable to perform the material and substantial duties of his/her occupation for a period of two continuous years (after the elimination period), and after that, must be unable to perform the duties of any occupation.

Active Service

The Insured must be performing his/her regular occupation on a full-time basis (at least 30+ hours per week).

Pre-Existing Conditions

If the Insured has **incurred expenses, received medical treatment, consultations, diagnostic test(s) or taken prescribed medications three months prior** to the effective date of coverage, that condition will not be covered until after the Insured has been covered under the plan for 12 months while performing their regular occupation on a full-time basis.

Effective Date of Coverage

The effective date of coverage will be the day following the end of the pay period in which the first deduction is made. The proposed Insured must be actively at work on this day.

Survivor Benefit

If a claimant dies and has been receiving benefits under the plan for 3 continuous months their survivor will receive an additional 3 months of benefit payments in one lump sum.

Coordination of Benefits

This Plan provides a **Basic Monthly Benefit of 60%** of an Insured's Basic Monthly Earnings or the Maximum Monthly Benefit, whichever is less. **Benefits will be reduced by other sources of income**, whether received periodically or in a lump sum, **from (1) Social Security Disability and/or Retirement benefits (or assumed receipt of benefits for self or dependents); (2) Employer (State of Florida) funded retirement benefits; (3) Workers' Compensation, Occupational Disease and Unemployment Compensation benefit; (4) Automobile no-fault benefits for wage loss; (5) Damages from third parties on account of Wage Loss or loss of Earning Capacity; (6) Other group or franchise disability insurance benefits; (7) other government programs based on employment with the Employer (State of Florida).**

This Plan **does not integrate with, but pays in addition to, sick leave and/or annual leave.**

Elimination Period

The number of continuous days of disability before the Insured is eligible for benefits (on an approved disability). Premium is due during the Elimination Period.

Any premium payments not payroll deducted should be made payable to: **C.A.S.**

Mail payments to:

Capital Administrative Services, Inc.
Attn: Premium Accounting Dept.
P.O. Box 15769, Tallahassee, FL 32317

(Please note deduction code 0300 on the payment.)



Waiver of Premium

Once the Insured begins receiving the Monthly Disability Benefit, premium can be waived until the Insured returns to work or the payable Monthly Disability Benefit ends, whichever occurs first. To discontinue payroll deductions the Insured can send a cancellation request to the Personnel Office. Please note that upon returning to work the Insured will be responsible for restarting the premium payroll deduction (Code #0300) to ensure no break in coverage.

Limitations

This Plan has a 24-month lifetime limit for Mental and Nervous, and Alcoholism and Drug Addiction or Abuse.

Exclusions

This Plan does not cover any loss caused by war or any act of war, or any loss suffered while in the active military service, or any disability resulting from self-inflicted injury, active participation in a riot, commission of a felony, or while incarcerated. (Also, refer to Pre-existing Conditions).

Group Changes

Group Changes are only allowed during the Annual Awareness Period. A new application is required when an Employee requests a Group Change. All Group Changes require the Employee to be actively at work on the effective date.

When Coverage Ends

An Insured's coverage will end on the earliest of the following dates: the date an Insured terminates employment; the day after the end of the period for which premiums are paid; the date the Policy is terminated; the date benefits end for failure to comply with the terms and conditions of the Policy. The Employer or the Insurance Company may cancel the policy as of any Premium Due Date by giving 45 days advance written notice.

This brochure is for illustration purposes only. Refer to your group certificate upon enrolling for complete details, limitations and exclusions.

EstateGuidance[®]

Step by step legal documents.



Getting your affairs in order does not have to be a daunting task. The online EstateGuidance[®] tool allows you or your family members to easily write a last will and testament, a living will, and documents outlining wishes for final arrangements.

EstateGuidance[®] walks you through the process by guiding you through a series of questions, and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

EstateGuidance documents include:

- › **Last Will and Testament** – the central component of every estate plan
- › **Living Will** – spells out end-of-life medical decisions
- › **Final Arrangements** – specifies burial or cremation; funeral or memorial service options



More than 50% of Americans think that estate planning is at least somewhat important, but only **33%** have a will or living trust.¹

Contact Info
EstateGuidance[®]



Phone: (800) 344-9752



Website: guidanceresources.com
Registration Web ID: NYLGBS

1. "2022 Wills and Estate Planning Survey," <https://www.caring.com/caregivers/estate-planning/wills-survey>, 2022

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. Services are provided exclusively by ComPsych[®] effective January 1, 2023. ComPsych is solely responsible for its services and is not affiliated with New York Life Insurance Company or any of its affiliates.

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All programs are effective for the member/participant on the first day of coverage.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America or New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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LegalConnect®

Support for all types of personal legal questions.



If legal uncertainties arise and you don't know where to start, LegalConnect® can help. This program provides access to unlimited phone consultations with a staff of expert, licensed attorneys. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25% reduction if you choose to work with them. Information on low cost legal options are available. Referrals to consumer advocacy groups and governmental organizations are also available.

Topics include:

- › Estate planning/wills/probate
- › Power of attorney
- › Real estate
- › Bankruptcy
- › Landlord/tenant issues
- › Adoption/guardianship
- › Divorce
- › Personal injury



Expert Guidance on ID Theft

- › Unlimited legal assistance by phone
- › Step-by-step guidance from an attorney to complete the restoration process
- › Financial information from a financial professional to address credit issues

Sometimes legal issues can be stressful. The team of legal and financial professionals can also connect you with available support services to help you and your family.

Contact Info
LegalConnect®



Phone: (800) 344-9752



Website: [guidanceresources.com](https://www.guidanceresources.com)
Registration Web ID: NYLGBS

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. Services are provided exclusively by ComPsych® effective January 1, 2023. ComPsych is solely responsible for its services and is not affiliated with New York Life Insurance Company or any of its affiliates.

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All programs are effective for the member/participant on the first day of coverage.

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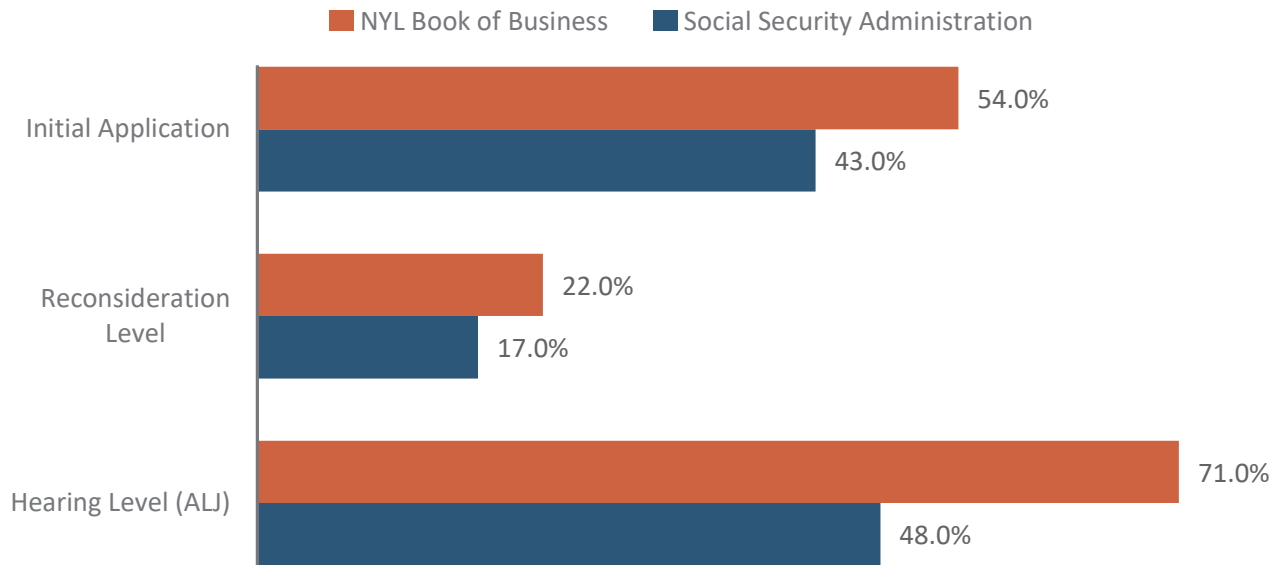


GROUP BENEFIT
SOLUTIONS

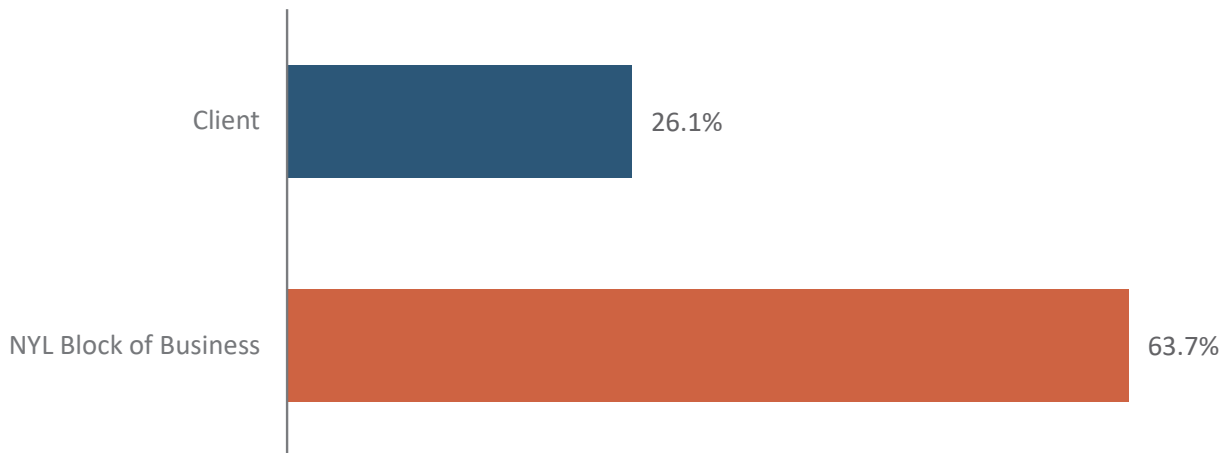
6 DISABILITY INCOME PROTECTION

Long-term Disability Social Security

Social Security Benchmarking



Social Security Performance (Active Claims)



Disability Income Protection *Is Essential*

BENEFIT PERIOD: Sickness Up to 2 Years[†]; Accident Up to 5 Years[†]

DEDUCTION CODE 0300

GROUP II		GROUP III		GROUP IV		GROUP V	
60% OF BASIC SALARY UP TO: \$800 MONTHLY BENEFIT [†]		60% OF BASIC SALARY UP TO: \$1200 MONTHLY BENEFIT [†]		60% OF BASIC SALARY UP TO: \$2000 MONTHLY BENEFIT [†]		60% OF BASIC SALARY UP TO: \$3000 MONTHLY BENEFIT [†]	
15-DAY ELIMINATION: SICKNESS		60-DAY ELIMINATION: SICKNESS		75-DAY ELIMINATION: SICKNESS		ONE YEAR ELIMINATION: SICKNESS AND/OR ACCIDENT	
7-DAY ELIMINATION: ACCIDENT		30-DAY ELIMINATION: ACCIDENT		45-DAY ELIMINATION: ACCIDENT			
AGE BAND	MONTHLY RATES*	AGE BAND	MONTHLY RATES*	AGE BAND	MONTHLY RATES*	AGE BAND	MONTHLY RATES*
Under 30	\$10.73	Under 30	\$9.43	Under 30	\$11.27	Under 30	\$1.63
30 - 34	\$11.92	30 - 34	\$11.70	30 - 34	\$13.65	30 - 34	\$2.17
35 - 39	\$13.43	35 - 39	\$15.17	35 - 39	\$17.77	35 - 39	\$3.25
40 - 44	\$16.03	40 - 44	\$16.79	40 - 44	\$19.61	40 - 44	\$5.42
45 - 49	\$20.15	45 - 49	\$19.93	45 - 49	\$23.18	45 - 49	\$8.23
50 - 54	\$24.05	50 - 54	\$25.57	50 - 54	\$29.90	50 - 54	\$13.11
55 - 59	\$29.03	55 - 59	\$31.42	55 - 59	\$36.83	55 - 59	\$17.33
60 - 69 [‡]	\$40.08	60 - 69 [‡]	\$37.48	60 - 69 [‡]	\$43.33	60 - 69 [‡]	\$26.00

*Initial premium is based on your age at issue; premium changes will occur on five year birthdays between the ages of 30 and 60.

PAYOUT BENEFIT PERIODS FOR CERTAIN AGES

AGE AT DISABILITY	"YOUR OCCUPATION" ACCIDENT OR SICKNESS BENEFIT PERIOD	"ANY OCCUPATION" FOR ACCIDENT ONLY EXTENDED BENEFIT PERIOD	TOTAL BENEFIT PERIOD SICKNESS /ACCIDENT
61 or younger	24 months	36 months	24 months / 60 months [‡]
62	24 months	18 months	24 months / 42 months
63	24 months	12 months	24 months / 36 months
64	24 months	6 months	24 months / 30 months
65	24 months	N/A	24 months / 24 months
66	21 months	N/A	21 months / 21 months
67	18 months	N/A	18 months / 18 months
68	15 months	N/A	15 months / 15 months
69 or older	12 months	N/A	12 months / 12 months

[†] Monthly benefits are integrated with SS Disability and/or Retirement benefits (or assumed receipt of benefits for self or dependents), Employer (State of Florida) funded retirement benefits, Workers' Compensation, Occupational Disease and Unemployment Compensation, Automobile no-fault benefits for wage loss, damages from third parties on account of Wage Loss or loss of Earnings Capacity, Other group or franchise disability insurance, other government programs based on employment with the Employer (State of Florida).

[‡] 5 years or to age 65. Whichever occurs first.

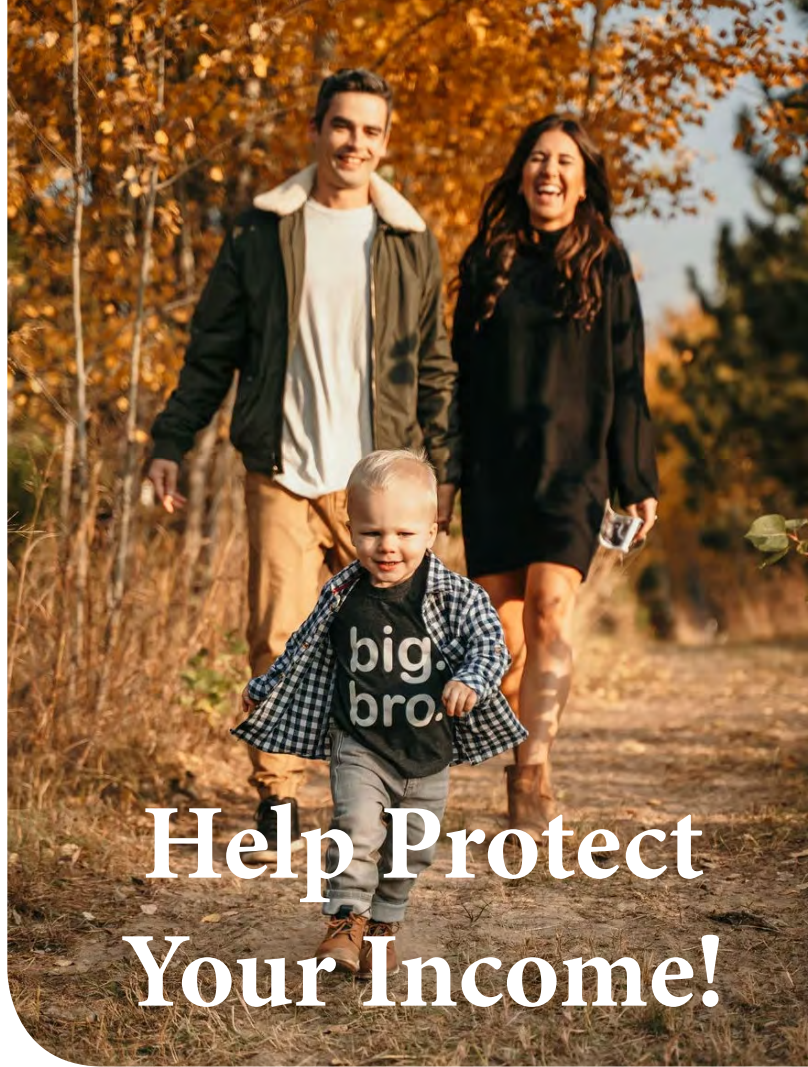
How To Enroll

Eligible Employees: All active, full-time employees under age 70 who work 30+ hours per week in a participating State of Florida agency.

Complete an enrollment form by one of the following four options:

- Online at <https://capitalins.com/enroll-ltd>
- Fax to 850-385-8126
- Send completed application to:
Capital Insurance Agency, Inc.
P.O. Box 15949, Tallahassee, Florida 32317-5949
- Contact your Capital Insurance Agency, Inc. representative at <https://www.capitalins.com/find-an-agent/> for additional information or assistance in enrolling.

The deduction will be made on Post Tax Miscellaneous Deduction Code **#0300**.



Help Protect Your Income!

Plan Underwritten by Life Insurance Company of North America (LINA), through New York Life Group Benefit Solutions.
Administrative Office: Jacksonville, FL

NEW YORK LIFE GROUP BENEFIT SOLUTIONS		VOLUNTARY LONG TERM DISABILITY ENROLLMENT FORM				Group Name	STATE OF FLORIDA		
GRAY BOXES ARE FOR OFFICE USE ONLY:		Application #				Insurance Effective Date Month/Day/Year			
Caution: 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.	1. People First Employee ID#		2. Social Security Number		3. Agency and County of Work Location				
	4. Employee's Name		Last	First	Middle Initial	5. <input type="checkbox"/> New Enrollee or <input type="checkbox"/> Group Coverage Change			
	6. Mailing Address		Street	City	State	Zip			
	7. Cell Phone Number ()		8. Work Phone Number ()		9. Date of Birth		10. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
	11. Employment Address (work location)		Street	City	Zip	12. Full-Time Employment Date		13. Hours Worked Weekly	
Caution: EMPLOYEE must complete sections 1 - 20. Please print or type.	14. Annual Salary \$	15. Do you have any other sources of income? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. Group Coverage Desired		17. <input type="checkbox"/> Group V SMS/SES		18. OPS <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Occupation or Title
	If you answered YES to Q.15 above, benefits will coordinate with other sources of income and will reduce your benefit amount.								
NOTE: Eligible class of employees - all active full-time employees of the sponsoring employer who are under age 70.									
20. I hereby apply to Life Insurance Company of North America (LINA), through New York Life Group Benefit Solutions for Disability Salary Continuation Insurance. I understand that the Company may decline to accept this application if it is not completed during the enrollment periods predetermined by the Company and the Sponsoring Employer. I further understand that, if accepted, my coverage will take effect (if actively at work) on the day following the end of the payroll period in which the first payroll deduction is made. I also certify that I am an Employee of the Sponsoring Employer in an Eligible Class (as specified above), and authorize my Employer to deduct from my earnings an amount sufficient to pay the premium for this insurance, including Age Band changes. I hereby acknowledge that I have received the outline of coverage (brochure) describing insurance for which I am now applying.									
Payroll Deduction Authorization	Licensed Resident Agent: Douglas Moore, LUTCF, CSFP		Employee's Signature		Date	Agent Name			
	President & CEO, Capital Insurance Agency, Inc.		Employee's Personal E-mail						

Deduction Code **0300**

Dept./Div. Code
Amount of Deduction

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How to file your disability request.



1 Before you file your claim

1. Notify your employer if you need to be out of work because of an, injury, illness, or pregnancy.
2. Have the following available:
 - › Your social security number, date of birth, home address, phone number and email address.
 - › Dates of health care provider or hospital/clinic visits and their contact information.
 - › Workers compensation claim, if applicable.

2 File your claim

- › Choose **one** of the following:
- › **Online:** myNYLGBS.com > Home/Start or continue a claim (print your confirmation page).
- › **By phone:** (888) 842-4462 or (866) 562-8241 (español) and a representative will help you.
- › **By mail:** Download and complete the [claim form](#). Return to the New York Life Group Benefit Solutions address at the top of the form.

3 Claim/leave status

- › Check status online, anytime at: myNYLGBS.com
- › Contact us at (888) 842-4462 or (866) 562-8241 (español), 7:00 am–7:00 pm CST.

i Helpful tips

Need help registering?

Contact technical assistance:
1 (800) 644-5567

Sign up for text notifications.

Tell your New York Life Group Benefit Solutions (NYL GBS) claim manager or sign up online at myNYLGBS.com after you've submitted your claim.

i A few notes

Remember to give NYL GBS

permission to contact your health care provider or employer for claim related information – online at myNYLGBS.com after your claim has been submitted, or during a claim call.

While you're out on disability, keep your employer informed of your return-to-work plans. This is especially important if you need workplace accommodations, as some take time to put in place.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

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CAPITAL INSURANCE AGENCY, INC.

"We're Here to Help You!"

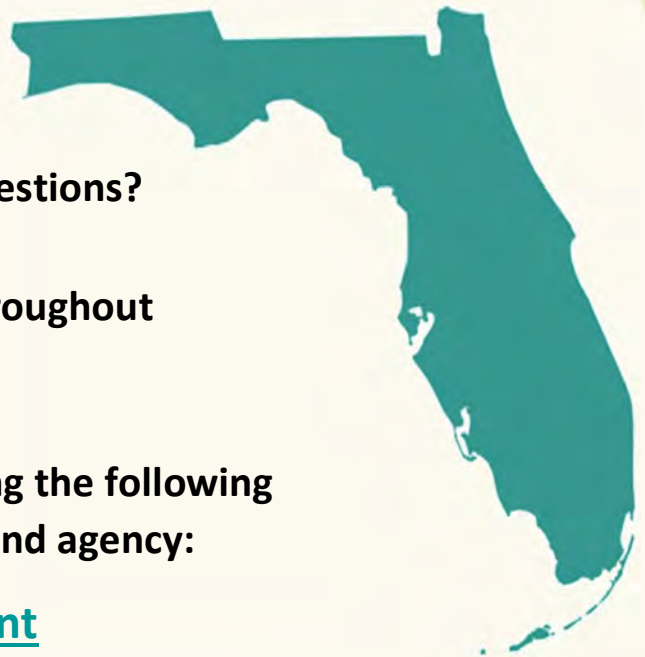
FIND A LOCAL AGENT

Do you have general or enrollment questions?

Our agents are strategically located throughout the State to better serve you.

Find a Licensed Agent in your area by using the following link and providing your work county and agency:

capitalins.com/find-an-agent



HOME OFFICE

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Tallahassee, FL 32308



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