



EQUITABLE



## Group Term Life Insurance

### Benefit Summary

CAPE FEAR PUBLIC UTILITY AUTHORITY

Effective Date: July 01, 2017

Policy Number: 000583

**Class Definition:** Class 1: All active full-time employees working at least 40 hours per week

#### Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to fund a child's education, or pay off a mortgage, a life insurance policy can provide security and help offset financial burdens during a difficult time.

Coverage Details	Benefit Amount
Basic Life	1.0 x Basic Annual Earnings
Spouse Life	Spouse: \$5,000
Child	Child: \$2,500
Accidental Death & Dismemberment (AD&D) Accidental Death Accidental Dismemberment	100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.
Plan Maximum	\$150,000
Age Reduction	Age 65, but less than 70 65% Age 70 and over 50%

Guarantee Issue	Benefit Amount
Employee	\$150,000
Spouse	\$5,000

Basic Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000
Waiver of Premium on Disability	Total Disability Prior to Age 60 6 Month Elimination Period Terminates at age 65

AD&D Features (Employee Only)	Benefit Amount
ACCIDENTAL DEATH (COMMON CARRIER)	100% of AD&D benefit up to \$250,000
DAY CARE BENEFIT	\$2,500 annually to age 12; 5 year maximum
CHILD EDUCATION BENEFIT	Up to \$2,500 annually; 4 year maximum
EXPOSURE AND DISAPPEARANCE BENEFIT	Included
REHABILITATION/PHYSICAL THERAPY BENEFIT	\$5,000
REPATRIATION BENEFIT	Up to \$5,000
SEAT BELT BENEFIT	\$10,000
AIRBAG BENEFIT	\$10,000
SPOUSE TRAINING BENEFIT	Up to \$5,000

### Manage Your Benefits

Go to [www.equitable.com/employeebenefits](http://www.equitable.com/employeebenefits) and log on to **EB360**<sup>®</sup> to view your account details.

If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you manage your benefits with confidence and ease.

### More about your Life Insurance coverage

If you are working for your employer on the effective date - the waiting period is the first of the month following 1 continuous months.  
If you start working for your employer after the effective date - the waiting period is the first of the month following 1 continuous months.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

**Basic Annual Earnings** means an Employee's annual wage or salary as reported by the Employer, for work performed for the Employer, as of the date the covered loss occurs. It includes earnings received from commissions but not any bonuses, overtime pay or other extra compensation. Commissions will be averaged for the 24 months just prior to the date of the covered loss, or the months employed if less than 24 months.

If the Employee dies while on a covered layoff, sabbatical, or leave of absence, We will determine the Employee's Earnings based on the terms above for the Employee's compensation in effect on the Employee's last full day of Active Work.

### What is not covered?

If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder.

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
4. caused or contributed to by travel in or descent from an aircraft, if the insured person acted in a capacity other than as a passenger;
5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
8. while the insured person is incarcerated;
9. caused or contributed to by the insured person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, an over-the-counter drug taken in accordance with the manufacture's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form/Contract ICC15 AXEBP15LI; ICC15 MOEBP15LI; MOEBP15LI; AXEBP15LI and State Variations.

### **Travel Assistance Program:**

Travel Assistance services are considered non-insurance services and are provided by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance Program are underwritten by a licensed third-party insurance company. The Travel Assistance Program and services provided are separate and apart from the insurance provided by Equitable Financial. Please review the terms and conditions of the Travel Assistance Program for more information. Equitable Financial is not affiliated with AXA Assistance USA, Inc.

Equitable is the brand name of Equitable Holdings, Inc. and its family of companies, including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY); Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with main administrative headquarters in Jersey City, NJ; Equitable Advisors, LLC (member FINRA, SIPC); and Equitable Distributors, LLC. The obligations of Equitable Financial and Equitable America are backed solely by their claims-paying abilities.

All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and claims-paying obligations. Some products are not available in all states.

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GE-2839752 (6/20) (Exp. 6/22)



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# Group Term Life Insurance - Employee Paid

## Benefit Summary

CAPE FEAR PUBLIC UTILITY AUTHORITY

Effective Date: July 01, 2017

Policy Number: 000583

**Class Definition:** Class 1: All active full-time employees working at least 40 hours per week

### Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to fund a child's education, or pay off a mortgage, a life insurance policy can provide security and help offset financial burdens during a difficult time.

Coverage Details	Benefit Amount
Supplemental Life	\$10,000 to \$300,000 in \$10,000 increments, not to exceed 5 times employee's Basic Annual Earnings
Spouse Life	Spouse: \$5,000 to \$150,000 in \$5,000 increments, not to exceed 50% of the employee's Supplemental Life amount.
Child	Child: \$2,500 to \$10,000 in \$2,000 increments
Plan Maximum	\$300,000
Age Reduction	Age 65, but less than 70 65% Age 70 and over 50%

Guarantee Issue	Benefit Amount
Employee	\$100,000
Spouse	\$20,000

Supplemental Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000
Waiver of Premium on Disability	Total Disability Prior to Age 60 6 Month Elimination Period Terminates at age 65

Cost Summary for Supplemental Life	Monthly Rate per \$1,000
Employee	
<25	\$0.080
25-29	\$0.080
30-34	\$0.080
35-39	\$0.110
40-44	\$0.170
45-49	\$0.270
50-54	\$0.420
55-59	\$0.740
60-64	\$0.820
65-69	\$1.390
70-74	\$2.470
75-79	\$9.370
80+	\$9.370

Cost Summary for Dependent Life	Monthly Rate per \$1,000
SPOUSE	
<25	\$0.080
25-29	\$0.080
30-34	\$0.080
35-39	\$0.110
40-44	\$0.170
45-49	\$0.270
50-54	\$0.420
55-59	\$0.740
60-64	\$0.820
65-69	\$1.390
70-74	\$2.470
75-79	\$9.370
80+	\$9.370
CHILD(REN)	\$0.060

## Manage Your Benefits

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## More about your Life Insurance coverage

If you are working for your employer on the effective date - the waiting period is the first of the month following 1 continuous months.  
If you start working for your employer after the effective date - the waiting period is the first of the month following 1 continuous months.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

**Basic Annual Earnings** means an Employee's annual wage or salary as reported by the Employer, for work performed for the Employer, as of the date the covered loss occurs. It includes earnings received from commissions but not any bonuses, overtime pay or other extra compensation. Commissions will be averaged for the 24 months just prior to the date of the covered loss, or the months employed if less than 24 months.

If the Employee dies while on a covered layoff, sabbatical, or leave of absence, We will determine the Employee's Earnings based on the terms above for the Employee's compensation in effect on the Employee's last full day of Active Work.

## What is not covered?

We will not pay any Life Insurance Benefit if an Insured Person dies by suicide within two years from the Issue Date, we will only pay the amount of premiums paid to Us, except as provided below. Premium will be refunded to You or the Policyholder, depending upon who contributed the premium.

If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder.

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form/Contract ICC15 AXEBP15LI; ICC15 MOEBP15LI; MOEBP15LI; AXEBP15LI and State Variations.

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## Long-Term Disability

# Benefit Summary

CAPE FEAR PUBLIC UTILITY AUTHORITY

Effective Date: July 01, 2017

Policy Number: 000583

**Class Definition:** Class 1: All active full-time employees working at least 40 hours per week

### Long-term disability benefits can replace income in challenging times

Even with careful saving and planning, most people count on a steady paycheck to cover their monthly expenses. Unfortunately, it only takes a brief time away from work to upset the balance. You can protect the income you depend on with disability insurance. Whether you need to take time off to recover from an illness or injury, disability insurance can provide a portion of lost income for a period of time, helping alleviate the financial hardship and cover regular expenses—from paying rent to buying groceries.

### What your benefits cover:

Benefit Plan and Features	Benefit Amount
Maximum Monthly Benefit <sup>2</sup>	
Minimum Monthly Benefit	Flat \$100
Elimination Period <sup>3</sup>	90 days
Maximum Benefit Duration	2 Year Graded

<sup>1</sup> **Pre-disability Earnings** means Your regular monthly rate of pay, not counting Commissions, Bonuses, Tips and Tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the date immediately prior to the date You became Disabled.

<sup>2</sup>Reduced by other income benefits

<sup>3</sup>Time must be continuous

[More about your Long-Term Disability coverage](#)

If you are working for your employer on the effective date - the waiting period is the first of the month following 1 continuous months.  
If you start working for your employer after the effective date - the waiting period is the first of the month following 1 continuous months.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

### **The following benefits are available:**

#### **Return to Work Benefit**

If You remain Disabled after the Elimination Period, but work while You are Disabled, We will determine Your Monthly Benefit for a period of up to 12 consecutive months as follows:

1. multiply Your Pre-Disability Earnings by the Benefit Percentage;
2. compare the result with the Maximum Benefit; and
3. from the lesser amount, deduct Other Income Benefits.

The result is Your Monthly Benefit. Current Monthly Earnings will not be used to reduce Your Monthly Benefit. However, if the sum of Your Monthly Benefit and Your Current Monthly Earnings exceeds 100% of Your Pre-disability Earnings, We will reduce Your Monthly Benefit by the amount of excess.

The 12 consecutive month period will start on the last to occur of:

1. the day You first start work; or
2. the end of the Elimination Period.

#### **Family Care Deduction Benefit**

If you are working as part of a program of rehabilitation, we will, for the purpose of calculating your benefit, deduct the cost of family care from income received from rehabilitative employment, subject to the following limitations:

1. family care means the care or supervision of:
  - your children under age 13; or
  - a member of your household who is mentally or physically handicapped and dependent upon you for support and maintenance;
2. the maximum monthly deduction allowed for each qualifying child or family member is:
  - \$350 during the first 12 months of rehabilitative employment; and
  - \$175 thereafter;

but in no event may the deduction exceed the amount of your monthly earnings;

3. family care deductions may not exceed a total of \$2,500;
4. the deduction will be reduced proportionally for periods of less than a month;
5. the charges for family care must be documented by a receipt from the caregiver;
6. the deduction will cease on the first to occur of the following:

- you are no longer working as part of a program of rehabilitation; or
  - family care deductions for 24 months have been deducted during your disability; and
7. no family care provided by someone related to the family member receiving the care will be eligible as a deduction under this provision.

**Survivor Income Benefit** An amount equal to three times the last monthly benefit amount for total disability paid.

### Manage Your Benefits

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If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you manage your benefits with confidence and ease.

### What is not covered?

Exclusions: What disabilities are not covered?

We will not pay a benefit for any disability:

1. unless you are under the regular care of a physician;
2. that is caused or contributed to by war or act of war, whether declared or not;
3. caused by your commission of or attempt to commit a felony;
4. caused or contributed to by your being engaged in an illegal occupation;
5. caused or contributed to by an intentionally self-inflicted injury.

If you are receiving or are eligible for benefits for a disability under a prior disability plan that:

1. was sponsored by your employer and
2. was terminated before the effective date of the policy;

no benefits will be payable for that disability under the policy.

### **Pre-existing Condition Limitation:** *Are benefits limited for Pre-existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to, by a Pre-existing Condition, unless, at the time You become Disabled, You have been continuously covered under The Policy for 12 months.

**Pre-existing Condition** means:

1. any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or

2. any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse, for which you received Medical Care during the 3 consecutive month period that ends the day before:

1. your effective date of coverage; or
2. the effective date of a Change in Coverage.

**Medical Care** is received when a Physician or other health care provider:

1. is consulted or gives medical advice; or
2. recommends, prescribes, or provides Treatment.

**Treatment** includes, but is not limited to:

1. medical examinations, tests, attendance or observation; and
2. use of drugs, medicines, medical services, supplies or equipment.

These products only provide disability income insurance. THESE POLICIES ARE NOT MEDICARE SUPPLEMENT PLANS. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policies have limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form/Contract AXEBP15DI; MOEBP15DI and State Variations.

**Employee Assistance Program:**

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