

# Air Force Insurance Fund Life Insurance Plan Summary

## MetLife Supplemental Insurance Coverage is Available for Employees, their Spouse/Domestic Partner, and Children

### WHAT ARE YOUR LIFE INSURANCE COVERAGE OPTIONS?

Air Force Insurance Fund Life Insurance Coverage Options		Requirements	Cost and Payment
<b>Basic Life Insurance Coverage w/AD&amp;D</b>	<p>Eligible active Employees whose base annual earnings are \$48,000 or less may elect an amount equal to the lesser of one and one half times base annual earnings or \$50,000.</p> <p>Eligible active Employees whose base annual earnings are more than \$48,000 may elect an amount equal to one times base annual earnings plus \$2,000 up a maximum of \$200,000.</p>	<ul style="list-style-type: none"> <li>• If enrolling within 30 days of initial eligibility, Employees can enroll without medical underwriting.</li> <li>• If applying outside the 30 days, Employees can apply by answering a few medical questions.<sup>1</sup></li> <li>• Basic Life coverage includes a matching amount of Accidental Death and Dismemberment (AD&amp;D) insurance for Employees.</li> </ul>	<ul style="list-style-type: none"> <li>• AFIF pays for 46% of the Basic Life w/ AD&amp;D.</li> <li>• The employee pays only 54% of the group rate,</li> <li>• All employee costs are payroll deducted.</li> </ul>
<b>Supplemental Life Insurance Coverage</b>	<p>1 to 2 times your base annual earnings up to a maximum of \$200,000.</p>	<ul style="list-style-type: none"> <li>• In order to enroll, the Employee must be enrolled in Basic Life/AD&amp;D coverage.</li> <li>• For active Employees under age 60 that are within 30 days of initial eligibility, up to \$100,000 of coverage is guaranteed, and can be enrolled in without medical underwriting.</li> <li>• Active Employees age 60 and above or applying outside the 30 days of eligibility, can apply by answering a few medical questions.<sup>1</sup></li> <li>• Does not include Accidental Death and Dismemberment (AD&amp;D) insurance.</li> </ul>	<ul style="list-style-type: none"> <li>• Competitive group rates</li> <li>• Convenient payroll deductions.</li> <li>• For complete costs and details, please contact your HR Authorized Representative.</li> </ul>

<p><b>Dependent Life Insurance Coverage</b></p>	<p><b>Option 1:</b></p> <ul style="list-style-type: none"> <li>• \$5,000 for Spouse/Domestic Partner</li> <li>• \$2,500 per Child</li> </ul> <p><b>Option 2:</b></p> <ul style="list-style-type: none"> <li>• \$10,000 for Spouse/Domestic Partner</li> <li>• \$5,000 per Child</li> </ul>	<ul style="list-style-type: none"> <li>• In order to enroll, the Employee must be enrolled in Basic Life/AD&amp;D coverage.</li> <li>• If enrolling or making a change to coverage within 30 days due to a qualifying event, Dependents can enroll without medical underwriting.</li> <li>• If applying or making a change to coverage outside 30 days of a qualifying event, each Dependent can apply by answering a few medical questions for all elections.<sup>1</sup></li> <li>• Child coverage eligibility begins at birth and ends when a child reaches age 25.</li> <li>• Married Employees may not insure each other as a spouse, and only one may elect the Dependent in order to insure the children.</li> <li>• Does not include Accidental Death and Dismemberment (AD&amp;D) insurance.</li> </ul>	<ul style="list-style-type: none"> <li>• Competitive group rates</li> <li>• Convenient payroll deductions</li> <li>• For complete costs and details, please contact your HR Authorized Representative.</li> </ul>
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### Basic Life includes Accidental Death & Dismemberment (AD&D) Insurance

Extra accidental death and dismemberment protection can help provide additional financial security should a sudden accident take your life or cause you serious loss or harm. AD&D helps protect you 24 hours a day, 365 days a year.

This protection covers you for:

- Paralysis
- Brain damage or coma
- Fatal accidents
- Loss of limb, speech, hearing or sight

Additional benefits included in your AD&D insurance coverage are:

- Air bag benefit
- Seat belt benefit

### The following features and services are available as part of MetLife Advantages<sup>SM</sup> with your Supplemental Life Insurance Coverage:

- **Face-to-Face Will Preparation Service<sup>2</sup>:** Face-to-Face Will Preparation Service at no additional cost. You and your spouse may set up face-to-face or over the phone meetings with an attorney from Hyatt Legal Plans' network of over 14,000 participating attorneys to prepare or update a will, living will, Power of Attorney, and other estate documents.
- **Face-to-Face MetLife Estate Resolution Services<sup>2</sup>:** Face-to-Face Estate Resolution Service at no additional cost. Estate representatives and beneficiaries may receive face-to-face or over the phone legal assistance with probating your and your spouse's estates. Beneficiaries may also consult an attorney from Hyatt Legal Plans' network for general questions about the probate process.

- **WillsCenter.com**<sup>3</sup> Helps you or your spouse/domestic partner prepare a will, living will, Power of Attorney and HIPAA Authorization form on your own, at your own pace, 24 hours a day, 7 days a week.
- **Grief Counseling**<sup>4</sup> provides you, your dependents and your beneficiaries with up to 5 in-person or confidential counseling sessions per event to help cope with a loss — no matter the circumstances — whether it's a death, an illness, a divorce, losing a pet or even a child leaving home
- **Accelerated Benefits Option**<sup>5</sup> you can receive up to 100% of your Supplemental Life Insurance proceeds to a maximum of \$200,000 in the event that you become terminally ill and are diagnosed with less than 24 months to live. This can go a long way toward helping your family meet medical and other related expenses at this difficult time.

## What do you need to do?

Enroll today!

- Please complete and return the enclosed enrollment form to your HR representative.
- Visit the Air Force (NAF) Life Insurance website <https://metlife.com/airforce> for more plan details.

<sup>1</sup> Coverage is subject to review and approval by MetLife based upon its underwriting rules.

<sup>2</sup> Will Preparation Services and Estate Resolution Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, Will Preparation Services and Estate Resolution Services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI. These services are provided at no additional cost to those who purchase Supplemental Life Insurance only. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

<sup>3</sup> WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

<sup>4</sup> Grief Counseling services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of 46,700 counselors. Counselors have masters or doctoral degrees and are licensed professionals. Subject to state regulatory approval, not approved in all states. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/ relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to an insureds, their dependents and beneficiaries who must have received a serious medical diagnosis or suffered a loss that has occurred, meaning, the diagnosis or loss must have taken place (death in the family, job loss, a finalized divorce or separation). Events that may result in a loss are not covered under this program unless and until such loss has occurred.

<sup>5</sup> The Accelerated Benefits Option is subject to state regulation and is intended to qualify for favorable federal income tax treatment, in which case the benefits will not be subject to federal income taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and News Corp and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Like most group insurance policies, MetLife Supplemental Term life insurance policies contain certain exclusions, limitations and requirements for maintaining coverage in force. Any such exclusions, limitations and requirements will be described in the life insurance certificate.



## ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer <b>Air Force Insurance Fund</b>	Group Customer # <b>164767</b>	Report #	Sub Code	Branch

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)			
Name (First, Middle, Last)		Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip Code)		Date of Birth (MM/DD/YYYY)	
Phone #	Email Address	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter event date (MM/DD/YYYY)	

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.  
 ► If you are enrolling after the initial enrollment period, you must complete a Statement of Health form for all amounts you are requesting.

Term Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance
<input type="checkbox"/> Basic Life <sup>1</sup> /AD&D <input type="checkbox"/> Supplemental/Optional Life <sup>1</sup> <input type="checkbox"/> 1x <input type="checkbox"/> 2x Basic Annual Earnings up to a maximum of \$200,000 <input type="checkbox"/> Dependent Spouse/Domestic Partner <sup>2</sup> Life <sup>1,3</sup> /Dependent Child Life <sup>3</sup> <input type="checkbox"/> Option 1: \$5,000/\$2,500 <input type="checkbox"/> Option 2: \$10,000/\$5,000

Dependent Information			
If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:			
Name of your Spouse/Domestic Partner (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.			

<sup>1</sup> Life Insurance may include an Accelerated Benefits Option under which a terminally ill insured can accelerate a portion of his or her life insurance amount. An interest and expense charge may be deducted from the accelerated payment. Receipt of accelerated benefits may affect eligibility for public assistance. This benefit may be taxable and you are advised to seek assistance from a personal tax advisor.  
<sup>2</sup> Domestic Partner includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available. It also includes your non-registered Domestic Partner in whom you have an insurable interest. By enrolling such Domestic Partner for coverage and signing this enrollment form, you are attesting to your insurable interest.  
<sup>3</sup> Amounts will be subject to state limits, if applicable.

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## FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.  
**Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia:** 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.  
**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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### SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.