

For Full-Time Employees of the State of Florida

# Group Term Life Insurance Plan

**Enhancements at  
No Additional Cost To You:**

**100% Bonus Benefit**

**Accidental Death and  
Dismemberment Benefit**

**\$30,000 Life Insurance  
Protection on Your Spouse**

**\$15,000 Life Insurance  
Protection on Your Eligible  
Child(ren)**



## Consortium of Participating Departments and Agencies:

Agency for Health  
Care Administration

Agency for Persons w/  
Disabilities

Department of  
Business & Professional  
Regulation

Department of  
Children & Families

Department of  
Corrections

Department of Education

Department of  
Commerce

Department of  
Elder Affairs

Department of  
Environmental Protection

Department of Financial  
Services

Department of Health

Department of Highway  
Safety & Motor Vehicles

Department of  
Juvenile Justice

Department of  
Management  
Services

Department of Revenue

Department of State

Department of  
Transportation

Department of Veterans'  
Affairs

Division of  
Administrative Hearings

Fish & Wildlife  
Conservation Commission

Florida Commission on  
Offender Review

Florida Gaming Control  
Commission

Florida State Court  
System

Justice Administrative  
Commission (JAC)

Office of Legislature  
Services

State Board of  
Administration



**Capital Insurance  
Agency, Inc.**

*"We're Here to Help You!"*

This plan marketed & serviced by Capital Insurance Agency, Inc.

# To All Full-Time Employees:

Your department has made available to you an outstanding benefit of an affordable GROUP TERM LIFE INSURANCE PLAN (**underwritten by Life Insurance Company of North America (LINA), through New York Life Group Benefits Solutions.**)

Premiums are conveniently payroll deducted on a post-tax Miscellaneous Deduction Code #262. Since 1960, this Plan has paid out millions in benefits to state employees' loved ones.

## Active Service Provision

For enrolled employees in active service, life insurance coverage becomes effective the day following the end of the payroll period in which the first deduction is made. However, if you are not in active service on the date your employee insurance would become effective, such insurance will not become effective until the date you resume full-time active service with your employer. Likewise, any increase in insurance coverage would be deferred until such date as you resume full-time active service with your employer.

## Extended Death Benefit with Waiver of Premium Under Age 60

If you become Disabled and are less than age 60, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:

- The date you are no longer Disabled
- The date you fail to qualify for the Waiver of Premium or fail to provide proof of Disability as indicated under *Waiver of Premium*.

*If you submit satisfactory proof that you have been continuously Disabled for 9 months, coverage will be extended.*

*Such proof must be submitted to us no later than 3 months after the date the Waiver Waiting Period ends. Premiums will be waived from the date we agree in writing to waive premiums for you.*

*NOTE: If premiums are stopped, you will need to restart premium upon returning to work.*

**The financial soundness of this Plan has allowed the following benefit enhancements\*:**

- a 100% Bonus to be added to the Basic Coverage
- \$30,000 life insurance protection on your spouse
- Employee Accidental Death and Dismemberment Benefit
- \$15,000 life insurance protection on your eligible child(ren)

**All at no extra charge to you.**

\* subject to change with notification provided to department/agencies

## Continuation for Disability for Employees over Age 60

If an Insured becomes Disabled and is age 60 or over, the Life Insurance Benefits will continue, provided premiums are paid, until the earlier of (1) Date Employee is no longer Disabled (2) Twelve months from Last Day Actively at Work (3) Date coinciding with the end of the last period for which premiums are paid (4) Date the Policy is terminated by the Insurance Company, at which time the employee is entitled to the Conversion Privilege.

## Terminal Illness Benefit

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the accelerated payment benefit for terminal illness provides for up to 50% of the life insurance coverage amount in force or \$250,000 for you and \$30,000 for your spouse, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

The terminal illness benefit may be taxable. As with all tax matters, an insured should consult with a personal tax advisor to assess the impact of this benefit.

## Conversion Privilege

Upon termination of employment, all insured employees have the option of converting this Group Term Life Insurance Plan to an individual Whole Life Plan. It cannot be converted to another term insurance plan. This conversion must be requested within 60 days of your termination by calling the office at 1-800-888-5256, in order for the conversion policy to be issued without evidence of insurability.

## Beneficiary

The amount of your Group Term Life Insurance Plan will be paid to the beneficiary of your designation in the event of your death from any cause at any time while insured under this Plan. You name the beneficiary, which may be changed at any time, by completing a new Application/Change Form, dating it, and filing it in your employee file in your Department's Personnel Office.

## General Provisions

**Misstatement of Age:** If the age of an insured has not been stated correctly, the insured's correct age will be used to adjust the benefits and premiums accordingly.

**Termination of Insurance:** Your Group Term Life Insurance Plan will terminate on the earliest of: (a) the date this group policy terminates; or (b) the last day for which your premium has been paid; or (c) termination of membership in a class eligible for insurance under the Policy; or (d) the date you are no longer Active Service, as defined by the Policy, with the Employer.

**Disability/Disabled:** Because of Injury or Sickness you are unable to perform all the material duties of your Regular Occupation; or are receiving disability benefits under the Employer's plan.



# Benefits of Your LINA Group Term Life Plan

**This plan provides \$30,000 Life Insurance on your spouse and \$15,000 life insurance on all eligible dependent children at no additional cost.**

Eligible dependents include the employee's spouse and all unmarried children to age 25 if they (1) depend on the employee for support, and (2) live with the employee or are classified as a full-time or part-time student.



## Accidental Death, Dismemberment and Loss of Sight Insurance

These benefits are payable for any of the following losses incurred by you as a result of and within 365 days of an injury occurring on or off the job. Payment will be made regardless of any other benefits provided by the Plan.

### Benefits Payable for Loss

The full amount of Insurance for which the employee is covered:

- Life
- Both hands or both feet
- Sight of both eyes
- One hand and one foot
- One hand and sight of one eye
- One foot and sight of one eye

One-half the full amount of Insurance for which the employee is covered for:

- One hand or one foot
- Sight of one eye

One-quarter the full amount of Insurance for which the employee is covered for:

- Thumb and index finger of the same hand.

Not more than the Full Amount of Insurance will be paid for all losses sustained as the result of one accident, but benefits paid on account of one loss will not prevent further payment for losses resulting from subsequent accidents. These benefits are not payable for loss caused by war or riot or under certain other circumstances described in your Policy Booklet.

# 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. This program is available for eligible policyholders and members of your household.

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.

### Topics 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



83% of Americans are aware of estate planning but only 31% have a will.<sup>1</sup>

Contact Info  
EstateGuidance®



Phone:  
(800) 344-9752



Website: [guidanceresources.com](https://guidanceresources.com)  
First time visitor? Click "Register" and enter "NYLGBS" as the Organization Web ID.

1. "Trust & Will 2025 Estate Planning Report" <https://trustandwill.com/learn/estate-planning-report-2025>. 2025

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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. For eligible policyholders and members of your household, 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 and no 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)  
First time visitor? Click "Register" and enter "NYLGBS" as the Organization Web ID.

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

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# Where to go from here

## Survivor Assurance Program



### › Timely services when you need them most

At New York Life Group Benefit Solutions (NYL GBS), we know losing a loved one is difficult. And we understand how challenging it can be for beneficiaries to manage their loved one's insurance benefits among other pressures during such a difficult time. That's why, as part of the NYL GBS Survivor Assurance program,<sup>1</sup> we offer services to support beneficiaries when they need it most, including:

### › A NYL GBS Survivor Assurance account in your name

You can access these funds easily by writing a check from the book of drafts being sent to you. Your Certificate of Confirmation explains everything you need to know to access your money.



If you have questions about your NYL GBS Survivor Assurance account call us at **(800) 570-3778** weekdays between 8:00 am and 7:00 pm, (EST).



**Or write to us at:**  
NYL GBS Survivor Assurance  
P.O. Box 534029  
Pittsburgh, PA 15253-4029

### › Employee Assistance & Wellness Support

Emotional support for you and your family members at no additional cost. Access is available 24 hours a day, seven days a week. Includes work/life assistance, coaching, online articles, resources, and videos.<sup>2</sup>

### › Financial, Legal, Estate Support

Professional support for all types of pressing financial, legal, or estate issues; includes law consultations, tax consultations, credit and tax questions, and much more. Assistance includes identity theft and fraud resolution services, online tools for state-specific wills as well as other important legal documents.<sup>2</sup>



Contact info:  
Phone: **(800) 344-9752**



Website:  
[guidanceresources.com](https://guidanceresources.com)  
First time visitor? Click "Register" and enter "NYLGBS" as the Organization Web ID.

<sup>1</sup> The NYL GBS Survivor Assurance program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from NYL GBS group life and personal accident programs. NYL GBS Survivor Assurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error. Counseling, legal, or financial assistance and discount programs are not available under policies insured by New York Life Group Insurance Company of NY.

<sup>2</sup> These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych<sup>®</sup> Corporation. 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. Financial Connect, Legal Connect, and Estate Guidance and GuidanceResources is a registered trademark of ComPsych<sup>®</sup> Corporation.

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# How to Figure Your Life Insurance Coverage

The amount of your life insurance coverage in force at any time depends on your age, your annual salary, and the Bonus Coverage (currently 100%). The amount of your Life Insurance coverage will change with any changes in your salary or when your age changes or with any changes in the percentage of Bonus Coverage.

**EXAMPLE:  
45-Year Old with Annual Salary of \$50,000**

Annual Salary:	\$50,000
Age Factor:	x 1.00
Basic Life Coverage	\$50,000
100% Bonus	x 2.0
<b>Total Life Insurance Coverage</b>	<b>\$100,000</b>

**YOUR FIGURES:**

Annual Salary:	\$
Age Factor:	x
Basic Life Coverage	\$
100% Bonus	x 2.0
<b>Total Life Insurance Coverage</b>	<b>\$</b>

**TABLE OF FACTORS CHART**

20 or under	2.00	37	1.32	54	0.64
21	1.96	38	1.28	55	0.60
22	1.92	39	1.24	56	0.56
23	1.88	40	1.20	57	0.52
24	1.84	41	1.16	58	0.48
25	1.80	42	1.12	59	0.44
26	1.76	43	1.08	60	0.40
27	1.72	44	1.04	61	0.36
28	1.68	45	1.00	62	0.32
29	1.64	46	0.96	63	0.28
30	1.60	47	0.92	64	0.24
31	1.56	48	0.88	65	0.20
32	1.52	49	0.84	66	0.16
33	1.48	50	0.80	67	0.12
34	1.44	51	0.76	68	0.08
35	1.40	52	0.72	69+	0.04
36	1.36	53	0.68		

**Life insurance isn't for the people who die. It's for the people you love. Are they prepared for the worst?**

*This Plan provides a minimum of \$20,000 Total Life Insurance Coverage regardless of the employee's age factor.*

# How to Figure Your Premium

Your premium is three fourths of 1% (.0075) of your biweekly or monthly salary. Your premium will change when your salary changes. This change is done in the Personnel Office. Use the space below to calculate your premium.

## BIWEEKLY EXAMPLE

Biweekly Salary:	\$1,000
Premium Percentage	x .0075
<b>Biweekly Premium</b>	<b>\$7.50</b>

## MONTHLY EXAMPLE

Monthly Salary:	\$2,000
Premium Percentage	x .0075
<b>Monthly Premium</b>	<b>\$15</b>

## YOUR PREMIUM

Biweekly or Monthly Salary:	\$
Premium Percentage	x .0075
<b>Biweekly or Monthly Premium</b>	<b>\$</b>

NOTE: Record your calculated premium, coverage amount and beneficiary designations in this space and retain a copy with your insurance records. Your premium will change with salary; your coverage will change with age and salary.

DATE \_\_\_\_\_

COVERAGE AMOUNT: \_\_\_\_\_

PREMIUM AMOUNT: \_\_\_\_\_

PRIMARY BENEFICIARY(IES)	RELATIONSHIP	%
PRIMARY BENEFICIARY(IES)	RELATIONSHIP	%
CONTINGENT BENEFICIARY	RELATIONSHIP	%

# Directions For Enrolling In Your LINA Group Term Life Plan

<https://www.capitalins.com/plans/LINA-group-term-life> “Enroll Now”

1

Complete the Enrollment Application/  
Change Form or enroll online at  
[www.capitalins.com](http://www.capitalins.com)

2

Be sure to designate a  
primary beneficiary.

3

Fax/Mail the application to  
Capital Insurance Agency  
(if not enrolling online).  
Fax: (850) 385-8126  
Attn: New Business Group  
PO Box 15949  
Tallahassee, FL 32317

4

This coverage shall take effect on the  
day following the end of the pay period in  
which the first deduction is made  
(see Active Service provision).



NOTE: Enrollment is ONLY available during an open enrollment or within the first 60 days of employment. No physical examination or evidence of insurability is required.

# Plan Enrollment Application/Change Form

Plan Underwritten by Life Insurance Company of North America (LINA), through **New York Life Group Benefits Solutions**.

## TO ALL FULL-TIME EMPLOYEES OF PARTICIPATING DEPARTMENTS

- This is your opportunity to enroll in an excellent, low-cost Group Term Life Insurance Plan sponsored by your Department.
- If you **ELECT TO HAVE COVERAGE**, complete and sign the **APPLICATION** (Section I) or apply online at [www.capitalins.com](http://www.capitalins.com).
  - If you desire to make a **policy change** (beneficiary or name), complete and sign the **POLICY CHANGE (Section II)**,

**Attention: THIS FORM MUST REMAIN IN THE EMPLOYEE'S PERSONNEL FILE.**

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.

## I. APPLICATION FOR GROUP TERM LIFE INSURANCE COVERAGE

EMPLOYEE NAME	DOB	SSN	GENDER
EMPLOYEE HOME ADDRESS			
PEOPLE FIRST EMPLOYEE ID#	DEPT	DATE OF HIRE	
COUNTY OF EMPLOYMENT	WORK PHONE	PERSONAL PHONE	
PRIMARY BENEFICIARY NAME(S)	DOB	RELATIONSHIP	%
PRIMARY BENEFICIARY NAME(S)	DOB	RELATIONSHIP	%
CONTINGENT BENEFICIARY NAME	DOB	RELATIONSHIP	%

*If more names are needed please complete additional form. If one or more primary or contingent beneficiary is listed the percentages must equal 100% for each.*

I hereby apply for the amount of Group Term Life Insurance for which I am eligible under my employer's Group Insurance Plan. I authorize deductions from my earnings in the amount required to cover my premiums.

EMPLOYEE SIGNATURE	DATE
PERSONAL EMAIL	

## II. POLICY CHANGE ONLY

EMPLOYEE NAME	DOB	SSN	GENDER
EMPLOYEE HOME ADDRESS			
PEOPLE FIRST EMPLOYEE ID#	DEPT	PERSONAL PHONE	
<input type="checkbox"/> BENEFICIARY CHANGE			
PRIMARY BENEFICIARY NAME(S)	DOB	RELATIONSHIP	%
PRIMARY BENEFICIARY NAME(S)	DOB	RELATIONSHIP	%
CONTINGENT BENEFICIARY NAME	DOB	RELATIONSHIP	%

<input type="checkbox"/> NAME CHANGE	
CHANGE MY NAME FROM	TO
EMPLOYEE SIGNATURE	DATE

## III. BENEFICIARY DESIGNATION

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request. If you need assistance, contact your benefits administrator at (800) 888-5256 or your own legal counsel.

## IV. FOR PERSONNEL USE ONLY

PLEASE FILE ORIGINAL IN EMPLOYEE'S PERSONNEL FILE. **Fax a copy to Capital Insurance Agency. (850) 385-8126. DO NOT MAIL TO COMPANY**

				262	
Samas Code	District/div Code	Effective Date of Insurance	Deduction Amount	Deduction Code	Date Processed/Initial

# CAPITAL INSURANCE AGENCY, INC.

*"We're Here to Help You!"*

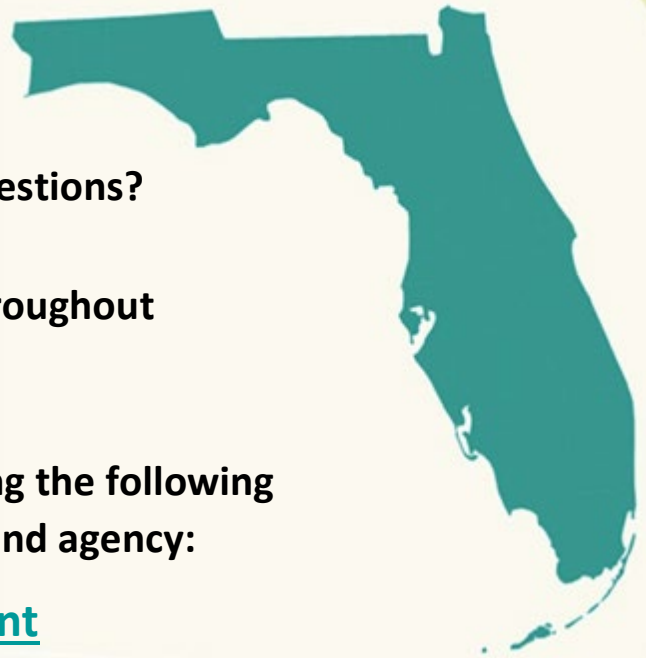
## FIND A LOCAL AGENT

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](http://capitalins.com/find-an-agent)



## HOME OFFICE

**Mailing** P.O. Box 15949  
Tallahassee, FL 32317

**Physical** 2457 Care Drive, Ste. A-200  
Tallahassee, FL 32308



**Local** 850.386.3100  
**Toll Free** 800.780.3100  
**Fax** 850.385.8126  
**Email** [groupdepartment@capitalins.com](mailto:groupdepartment@capitalins.com)  
**Web** [www.capitalins.com](http://www.capitalins.com)



**GROUP BENEFIT SOLUTIONS**

Life Insurance Company of North America (LINA), through **New York Life Benefit Solutions**.  
Administrative Office: Sunrise, FL

This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLX-200033, on Policy Form TL-004700, issued in Florida to the State of Florida. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

Rev 4/26 #848441 (J)