

WAIVER OF PREMIUM

After an insured member has been totally disabled (prior to age 60) for six consecutive months, insurance (including coverage for eligible dependents) will be continued at no cost to the member until attainment of the termination age date, provided the member remains totally disabled. Evidence from time to time of continued total disability will be required.

WHEN COVERAGE ENDS

Insurance will terminate if premiums are not paid as due; **at the end of the month in which the member turns age 70**; or on the date the Association no longer participates under the Trust; or the date the Group Policy is terminated.

Dependent coverage will end when your coverage ends or when your dependent attains the termination age or becomes otherwise ineligible. However, in the event of your death, a surviving spouse can continue coverage provided premiums are paid timely and remains otherwise eligible.

GROUP CONVERSION PRIVILEGE

A conversion right is available to each covered person whose coverage ends or reduces for any reason except non-payment of premium or your request to end such insurance. Complete details will be available in your certificate of coverage and an application form for conversion may be obtained from the Plan Administrator or Survivor Benefits Counselor.

DESIGNATING A MINOR AS BENEFICIARY

In the event that the child (or children) you have designated is (or are) a minor, please be aware that sometimes there can be a delay in the payment of proceeds, when the beneficiary is still a minor at the time of the insured's death. Payment can be delayed in Wisconsin until a surviving parent, relative or other interested party obtains a court appointment as guardian of the minor's estate for the purpose of receiving the proceeds on behalf of the child. Before naming a minor child as beneficiary you may wish to consult an attorney.

INDIVIDUAL CERTIFICATE

Once approved, each insured member will be provided a Certificate of Insurance evidencing coverage, which is provided under the Group Policy form GMR-FACE/G-14109-1. This brochure summarizes the benefits available under the Group Insurance Trust. For specific provisions, please refer to your Certificate of Insurance.

You will be given a 30 day "free look" to review the certificate and determine if the coverage meets your needs. If you determine it does not, simply write "cancel", on the face page, sign, date and return it without claim to the Plan Administrator within 30 days and your coverage will be invalidated. You will receive a refund of any premium paid and be under no further obligation – no questions asked.

SELF ADMINISTERED BY:

WINGA Insurance Plan
2400 Wright Street
Room 205
Madison, WI 53704-2572
(608) 242-3100
E-mail: insinfo@winga.org



UNDERWRITTEN BY:

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



IMPORTANT NOTICE

How New York Life Underwrites Your Request For Term Life Insurance Coverage

Information regarding insurability will be treated as confidential. In considering your request for insurance, we will rely on the medical information you provide, and on the information you authorize us to obtain from your doctor, other medical practitioners and facilities, other insurance companies to which you have applied for insurance. New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information we will make a determination as to whether your request for coverage can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Your request is handled in accordance with the Fair Credit Reporting Act Procedures. If we can provide the coverage you requested, we will inform you as to when such coverage will be effective. Under no circumstances will coverage be effective prior to this date. Payment of a premium contribution with your application does not mean that there is any insurance in force before the effective date as determined by New York Life.

GROUP TERM LIFE INSURANCE PROGRAM FOR WISCONSIN NATIONAL GUARD MEMBERS



NOW AVAILABLE

UP TO \$45,000 GROUP TERM LIFE INSURANCE BENEFITS

- ★ All valid member claims paid within 24 hours of receiving proper notification
- ★ You are covered 24 hours a day, 365 days a year
- ★ Spouse and Child(ren) coverage available
- ★ No hazardous duty or civilian occupation restriction
- ★ No war, Aviation or Suicide exclusion
- ★ Full conversion privilege upon involuntary termination of coverage regardless of health
- ★ Accelerated Death Benefits

ELIGIBILITY

All active and associate* members **under age 60** of the Wisconsin National Guard are eligible to apply for coverage. You may also apply for life insurance coverage for your eligible dependents. Eligible dependents include your lawful spouse under age 60 and unmarried children from 14 days to age 21 (23 if a full-time student).

A dependent who is a member can only apply for coverage as a member. If both parents are insured as members, only one may request child coverage.

* Associate Members include retired and separated guardsman of the Wisconsin National Guard.

\$10,000 GUARANTEED ISSUE COVERAGE TO NEW ACTIVE GUARD MEMBERS

If you enroll within 90 days after joining the National Guard, you may request \$10,000 of member coverage at no cost to you for the first year, without submitting evidence of insurability. This benefit will become effective on the first day of the month on or following receipt of your enrollment form by the Plan Administrator.

ADDITIONAL AMOUNTS AVAILABLE

Members have the option of applying for up to \$45,000 of insurance coverage by submitting evidence of insurability satisfactory to the Insurance Company. This coverage will automatically increase by 70% for active guardsmen after one year, provided you remain an active guard member. Once you have separated from the guard, the 70% automatic increase will reduce to a 10% increase. You may also apply for coverage for up to \$45,000 for your spouse (Spouse Only) or dependent coverage (Spouse & Child(ren)) in accordance with the Monthly Premium chart. Spouse and/or dependent coverage amount cannot exceed member coverage amount at time of application. Life benefits for member and spouse reduce by 50% at age 60 with premium remaining the same.

The 70% automatic increase is not available to Associate members of WINGA.

EFFECTIVE DATE OF ADDITIONAL COVERAGE

The Additional amounts of coverage will take effect on the first day of the month on or following the date your coverage is approved by New York Life provided your premium contribution or payroll deduction allotment form is received by the Plan Administrator and any person to be insured is performing the normal activities of a person in good health of like age and sex on the effective date. The automatic 70% benefit increase will take effect one year after the initial effective date in the plan, provided you are still eligible.

INCONTESTABILITY

The validity of any amount of insurance, which has been in force for two years during the insured's life, will not be contested except for eligibility and non-payment of premium.

PAYROLL DEDUCTION AVAILABLE

Complete form DD2558 Army or Air and the attached application form. If you do not qualify for payroll deduction, you will be billed quarterly.

24 HOUR PAYMENT OF CLAIMS

New York Life pays valid member claims within 24 hours of receipt of proper notification. However, questionable claims and claims within the two year contestable period may not be payable with the 24 hour period.

RIGHT TO CHANGE BENEFITS/RATES

Future benefits are subject to change by agreement between New York Life and the policyholder. Rates may be changed by New York Life on any premium due date and on any date in which benefits are changed, but only on a class wide basis. A class is a group of people with the same age and benefit option.

ACCELERATED DEATH BENEFIT

The Accelerated Death Benefit feature is available to an insured person who has been diagnosed by a physician to be terminally ill and has 12 months or less to live (provided the member is under age 69). The Accelerated Death Benefit payable is 50% of the amount of insurance in force on the covered person's life on the date New York Life approves the request for the Accelerated Death Benefit, except that: If a reduction of insurance due to age is scheduled within one year of the date New York Life approves such request, the benefit payable will be 50% of such reduced amount of insurance. This benefit is payable once while the covered person is insured under the group policy, whether insurance is continuous or interrupted. There is no additional cost for the Accelerated Death Benefit. *Receipt of an Accelerated Death Benefit may affect eligibility for public assistance programs and may be taxable. Prior to applying for such benefit, insureds should consult with the appropriate social services agency and assistance should be sought from a qualified tax advisor.*

MONTHLY PREMIUM - CURRENT AS OF 2010

Member									
Coverage Amount:	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	
Cov. Amt. After 1 Yr.*:	\$17,000	\$25,500	\$34,000	\$42,500	\$51,000	\$59,500	\$68,000	\$76,500	
Age: 20 & Under	\$3.66	\$5.33	\$7.00	\$ 8.67	\$10.34	\$12.01	\$13.68	\$15.35	
21-30	4.00	5.83	7.50	9.17	10.84	12.51	14.18	15.85	
31-40	4.33	6.33	8.00	9.67	11.34	13.01	14.68	16.35	
41-50	4.66	6.83	8.50	10.17	11.84	13.51	15.18	16.85	
51-70**	5.00	7.33	9.00	10.67	12.34	14.01	15.68	17.35	

Spouse Insurance** (Stand Alone – Spouse coverage amount cannot exceed Member coverage amount)

Coverage Amount:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
Monthly Premium:	\$2.00	\$4.00	\$5.33	\$7.00	\$8.67	\$10.34	\$12.00	\$13.67	\$15.34

Life Insurance for Dependents** (Includes Spouse – Spouse coverage amount cannot exceed Member coverage amount)

Coverage Amount:	SPOUSE	\$2,000	\$5,000	\$10,000	\$15,000
	CHILDREN 14 days to 6 months	\$400	\$1,000	\$2,000	\$3,000
	6 months to 2 years	\$800	\$2,000	\$4,000	\$6,000
	2 to 3 years	\$1,600	\$4,000	\$8,000	\$12,000
	3 years to 21 years (23 if Full Time Student)	\$2,000	\$5,000	\$10,000	\$15,000
Premium:		\$1.33	\$3.33	\$6.66	\$9.99

*70% Increase for active guard personnel only

**Life Benefits Reduce 50% at age 60. Premiums remain the same.