



# **Benefit Summary**

Arizona Cooperative Therapies Effective Date: April 01, 2021

**Policy Number:** 

Class Definition: Class 1: All Active Full Time Employees working at least 30 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	
Employee		
Basic Life	\$20,000	
Guaranteed Issue Amount	\$20,000	
Life Age Reduction	Age 65, but less than 70	65%
	Age 70 and over	50%
Accidental Death & Dismemberment (AD&D) Principal Sum 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.	
AD&D Age Reduction	Age 65, but less than 70 Age 70 and over	65% 50%

Basic Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000

Basic Life Features	Benefit Amount
Waiver of Premium on Disability	Total Disability Prior to Age 60
	Any Occupation
	9 Month Elimination Period
	Terminates at age 65

AD&D Features (Employee Only)	Benefit Amount
Common Carrier Benefit	100% of AD&D benefit up to \$250,000
Exposure/Disappearance Benefit	Included
Rehabilitation/Physical Therapy	lesser of incurred expenses and \$5,000
Seatbelt	\$10,000
Airbag	\$5,000

#### **Manage Your Benefits**

Go to www.equitable.com/employeebenefits and log on to EB360 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 managing 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 determined by your Employer's personnel policy.

If you start working for your employer after the effective date - the waiting period is determined by your Employer's personnel policy.

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.

#### 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. Any person insured as an Employee under the group Policy may not also be insured as a Spouse.

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 ICC18 AXEBP18LI; ICC18 MOEBP18LI; MOEBP18LI; AXEBP18LI and State Variations.

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1290 Avenue of the Americas, New York, NY 10104. (212) 554-1234.

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