



Clovis Municipal Schools

- **FSA's**
- **Access Medical**
- **Hospital Indemnity**
- **Short Term Disability**
- **Critical Illness**
- **Cancer**
- **Accident**
- **Permanent Life**
- **403(b) Retirement Plans**
- **457 Retirement Plans**



2027 Employee Benefit Guide

Plan Year: January 1, 2027 - December 31, 2027

IMPORTANT INFORMATION

Clovis Municipal Schools is pleased to offer our employees a wide variety of benefits to suit your needs. The information found within this book is designed to assist you in making important decisions regarding your benefits and provide you with important contact information. **BIS** has been chosen by Clovis Municipal Schools to implement our Cafeteria Plan as established by Section 125 of the Internal Revenue Code. Participation in the plan is voluntary.

Annual Enrollment

The **ANNUAL ENROLLMENT** for Clovis Municipal Schools will take place during the month of November. **ALL FULL TIME EMPLOYEES MUST ANNUALLY COMPLETE YOUR ENROLLMENT TO EITHER PARTICIPATE OR DECLINE THE PLAN DURING THE ANNUAL ENROLLMENT.** Specific enrollment dates will be sent through your campus.

Section 125 Plan Year

The plan year for Clovis Municipal Schools is January 1st through December 31st.

New Employees

New Employees will have 31 days, from their date of hire to enroll in benefits. This applies to the Cafeteria Plan, Health Insurance and Supplemental Benefits. Benefits will then become effective the first of the month following your date of hire.

Mid-Year Changes

Once enrolled under the Cafeteria Plan, Mid-Year Changes can only be made based on an IRS Qualifying Event. Employees have 31 days after a Qualifying Event to make changes based on that event. It is the responsibility of the employee to notify your Administration Office of such changes.

Qualifying Events

IRS Qualifying Events include, but are not limited to: Change in Marital Status, Birth or Adoption of a Child, Death of a Dependent, Change of Employee's or Spouse's Employment, Entitlement to Medicare or Medicaid, FMLA Leave and COBRA Qualifying Event. Should you have specific questions regarding certain circumstances, please contact BIS for approval of changes. Please note that any change must correspond with the qualifying event you incur.

Contact Information

COMPANY	PROVIDER	TELEPHONE	WEBSITE	PAGE
<i>Flexible Spending Accounts</i>	<i>National Benefit Services</i>	<i>800.274.0503</i>	<i>www.NBSbenefits.com</i>	<i>1-3</i>
<i>Telehealth & Health Advocacy</i>	<i>Access Medical</i>	<i>800.800.7616</i>	<i>www.MyBenefitsWork.com</i>	<i>4-5</i>
<i>Hospital Indemnity</i>	<i>American Public Life</i>	<i>877.338.2859</i>	<i>www.AMpublic.com</i>	<i>6-10</i>
<i>Short Term Disability</i>	<i>Sun Life</i>	<i>800.247.6875</i>	<i>www.sunlife.com/us</i>	<i>11-14</i>
<i>Critical Illness</i>	<i>Sun Life</i>	<i>800.247.6875</i>	<i>www.sunlife.com/us</i>	<i>15-21</i>
<i>Cancer</i>	<i>Aflac</i>	<i>800.992.3522</i>	<i>www.Aflac.com</i>	<i>22-24</i>
<i>Accident</i>	<i>Sun Life</i>	<i>800.247.6875</i>	<i>www.sunlife.com/us</i>	<i>25-30</i>
<i>Permanent Life Insurance</i>	<i>Texas Life Insurance</i>	<i>800.283.9233</i>	<i>www.TexasLife.com</i>	<i>31-34</i>
<i>403b / 457 Retirement</i>	<i>National Benefit Services</i>	<i>800.274.0503</i>	<i>www.NBSbenefits.com</i>	<i>35-36</i>

Employee Benefits Portal

Clovis Municipal Schools Employee Benefits Portal has been designed to assist you with your benefit decisions.

To access please go to www.bisnm.com/clovis



Clovis Municipal Schools



Welcome to Your Clovis Municipal Schools Benefits Portal

Clovis Municipal Schools is pleased to offer our employees a wide variety of benefits to suit your needs. The information found within this web site is designed to assist you in making important decisions regarding your benefits and provide you with important contact information.

BIS has been chosen by Clovis Municipal Schools to implement our Cafeteria Plan as established by Section 125 of the Internal Revenue Code. Participation in the plan is voluntary.

[Online Enrollment Guide](#)

View *Online Enrollment Guide* above then click the *Online Enrollment Link* below to complete your benefit enrollment.

*Please Note the Company Identifier for registration is **Clovis MS***

[Online Enrollment Login](#)

Need to Upload a File? ([upload](#))



a Combined Benefits Group, Inc. company

Toll-free: 800-894-9990

Toll-free Fax: 877-837-7171

BISNM.com



Flexible Spending Account (FSA)

Help Make Medical Cost Painless

Two Types of FSAs

To take advantage of a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses.

Payroll deductions will then be made throughout the plan year to fund your account.

A dependent care FSA works differently than a health FSA. Money only becomes available as it is contributed and can only be used for dependent care expenses.

Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both — whichever is right for you.

What is a Cafeteria Plan?

A cafeteria plan enables you to save money on group insurance, healthcare expenses, and dependent care expenses. Your contributions are deducted from your paycheck by your employer before taxes are withheld. These deductions lower your taxable income which can save you up to 35% on income taxes!

How to Spend

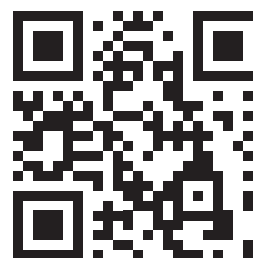
Spending is easy

Our convenient NBS Smart Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. You may also utilize the “pay a provider” option on our web portal.

Partial List of Eligible Expenses:

- Medical/Dental/Vision Copays and Deductibles
- Prescription Drugs
- Physical Therapy
- Chiropractor
- First-Aid Supplies
- Lab Fees
- Psychiatrist/Psychologist
- Vaccinations
- Dental Work/Orthodontia
- Eye Exams
- Laser Eye Surgery, Eyeglasses, Contact Lenses, Lens Solution
- OTC Medication
- Menstrual Care Products

For a complete list go to: fsastore.com



Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

Flexible Spending Account (FSA)

What If I Don't Use It All?

Because an FSA is a planning tool with great tax benefits, you must use the account balance in its entirety before the end of the plan year or it will be forfeited. This is known as the "use-it-or-lose-it" rule. Your employer may offer a grace period or a rollover to help if you miss the mark a little bit. Make sure to plan carefully when you enroll.

Enrollment Consideration

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying "change of status" (e.g. marriage, divorce, employment change, dependent change). Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

	FSA	No FSA
Annual Taxable Income	\$24,000	\$24,000
Health FSA	\$1,500	\$0
Dependent Care FSA	\$1,500	\$0
Total Pre-tax Contributions	-\$3,000	\$0
Taxable Income after FSA	\$21,000	\$24,000
Income Taxes	-\$6,300	-\$7,200
After-tax Income	\$14,700	\$16,800
After-tax Health and Welfare Expenses	\$0	-\$3,000
Take-home Pay	\$14,700	\$13,800
You Saved	\$900	\$0

Making it Easy

NBS Mobile App

When you're on the go, save time and hassle with the NBS Mobile App.

Submit claims, check your balances, view transactions, and submit documentation using your device's camera.

Easy and convenient

- Designed to work just as other iOS and Android apps which makes it easy to learn and use.
- Shares user authentication with the NBS portal. Registered users can download the app and log in immediately to gain access to their benefit accounts, with no need to register their phone or your account.

It's secure

- No sensitive account information is ever stored on your mobile device and secure encryption is used to protect all transmissions.

Mobile app features

The NBS mobile app supports a wide variety of features, empowering you to proactively manage your account.

- View account balances
- View claims
- View reimbursement history
- Submit claims
- Submit documentation using your device's camera
- Pay providers
- Setup a variety of SMS alerts
- Edit your personal information
- View contribution details
- View plan information
- View calendar deadlines
- Contact a service representative
- View Benefits Card information



Download on the
App Store



GET IT ON
Google Play



nbs national
benefit
services

Access Medical Package

Healthcare can be complicated and expensive. With this benefits package, you're connected with tools and services that help guide a smoother, more cost-effective healthcare experience.



Teladoc (\$0 Visit Fee)

Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with a \$0 visit fee for general medical issues. With Teladoc, you can talk to a doctor by phone or online video to get a diagnosis, treatment options and prescription, if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Just use your phone, computer, smartphone or tablet to get a quick diagnosis by a U.S.-licensed physician.



Health Advocate™ Solutions

Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems.

Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.



NB Rx

Healthcare keeps getting more expensive, but you shouldn't have to choose between your prescription medications and other essential expenses. Make sure you're always getting the best deal on your prescriptions with deep discounts through NB Rx. Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide.



Hearing

If you suffer from hearing loss, you shouldn't have to empty your wallet to access hearing aids. Retail Hearing Care by Amplifon, the #1 direct-to-consumer hearing aid brand, will help you find an affordable solution with the fit, comfort, and amplification you need.





Worklife Services

Everyday help for everyday living. Need childcare, relocation services or caregiver support? Your worklife concierge helps with the good, the challenging and everything in between.



Diabetic Supplies

Save 10% to 50% on diabetic testing supplies, and get a free fully-audible blood glucose meter with your first order. With the convenient online, pre-paid program, you receive discounted diabetic testing supplies shipped directly to your home.



Durable Medical Equipment

Need an easy way to order medical equipment online or by phone? Not only will your supplies ship to you, but you'll save 20% to 50% and an additional \$5 on orders* of \$50 or more! Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products, and more.

**Restrictions may apply.*



Download the **My Benefits Work Mobile App**
800.800.7616 | **MyBenefitsWork.com**

Disclosures: **This program is NOT insurance coverage** and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: MyBenefitsWork.com. Not available to UT, VT or WA residents. © 2024 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs, and certain other drugs that may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. For dermatology consultations, members must complete a Dermatology Intake Form and upload a minimum of three images through the secure message center before each initial consultation. The Health Advocate program is not health insurance. Health Advocate provides administrative, information and referral type services, through its employees. Health Advocate does not provide medical services and does not recommend treatment. Independent healthcare practitioners, who are not Health Advocate's employees or agents, provide all medical services. In life-threatening emergencies, call 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police or fire department or go directly to the nearest hospital emergency room.



MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Summary of Benefits	Plan 1
Hospital Admission Benefit	\$1,500 per day; maximum of 4 day(s)
Hospital Confinement Benefit	\$50 per day; maximum of 5 day(s)

Plan 1 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	\$14.91	\$36.54	\$22.54	\$46.71

* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Benefits

Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

Hospital Admission Benefit - Pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. APL will not pay this benefit for outpatient treatment, emergency room treatment or a stay less than 18 hours in an observation unit. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Hospital Confinement Benefit - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medical necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.



Summary of Benefits	Plan 1
Hospital Admission Benefit	\$2,000 per day; maximum of 4 day(s)
Hospital Confinement Benefit	\$50 per day; maximum of 5 day(s)

Plan 1 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	\$19.44	\$47.62	\$29.29	\$60.74

* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Benefits

Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

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Hospital Confinement Benefit - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medical necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.

Summary of Benefits	Plan 1
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Hospital Confinement Benefit	\$50 per day; maximum of 5 day(s)

Plan 1 - HSA Compatible				
Monthly Premiums*				
	Individual	Individual & Spouse	Individual & Child(ren)	Individual & Family
Ages 18+	\$23.97	\$58.69	\$36.04	\$74.77

* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

Benefits

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MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

Termination of Certificate

Your insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured or the date of your death.

Termination of Coverage

Your insurance coverage under the policy and/or attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the end of the certificate period in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent or the date of the covered person's death. APL may end coverage of any covered person who submits a fraudulent claim.

COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.



2305 Lakeland Drive | Flowood, MS 39232
ampublic.com | 800.256.8606

Underwritten by American Public Life Insurance Company. All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider. For complete benefits and other provisions, please refer to the policy/certificate/rider. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form GHI17 Series | NM | Group Limited Benefit Hospital Indemnity Insurance Policy | (03/18)

Short-Term Disability Insurance

VOLUNTARY

COMMON CAUSES OF DISABILITY

- ✓ Pregnancy
- ✓ Injuries
- ✓ Joint disorders
- ✓ Back disorders
- ✓ Digestive disorders

► PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

► PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

BENEFITS (You can purchase this coverage at a group rate.)

Weekly benefit after your claim is approved	Get a weekly check of \$100 to \$1,000 , in any \$50 increment you choose, to replace a portion of your income-up to 60% of your Total Weekly Earnings.
When benefits begin	Benefits begin on the first day of disability if you are unable to work due to an injury and as soon as 8 days from the date you are unable to work due to an illness.
Benefits may be paid for	Up to 4 weeks , as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.

SHORT-TERM DISABILITY FAST FACTS

1 in 4 workers
will miss up to 3 months of work due to disability during their career.¹

More than three-quarters of workers are living paycheck to paycheck.²

CLOVIS MUNICIPAL SCHOOLS

All Eligible Employees

POLICY # 962607

Sun Life Assurance Company of Canada

2178367 SEQ2 CL1 09/15/2023 15:09:39

Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability Application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

How do I file a Short-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for

drugs or medicine.

Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. Realitycheckup.org, Council for Disability Awareness, 2018

2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

Read the *Important information* section for more details including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit for any accident or sickness covered by Worker’s Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006 and TDI-POLICY..

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GVBH-EE-8384

SLPC 29579

Rates

Employee - Coverage and **semi-monthly** cost for Short-Term Disability.

Rates are effective as of January 1, 2024.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$100	2.27	2.55	2.44	1.73	1.20	1.21	1.38	1.70	2.06	1.98	1.91
\$150	3.40	3.82	3.66	2.60	1.79	1.81	2.06	2.54	3.09	2.97	2.86
\$200	4.53	5.09	4.88	3.46	2.39	2.41	2.75	3.39	4.12	3.96	3.81
\$250	5.66	6.36	6.10	4.33	2.99	3.01	3.44	4.24	5.15	4.95	4.76
\$300	6.80	7.64	7.32	5.19	3.59	3.62	4.13	5.09	6.18	5.94	5.72
\$350	7.93	8.91	8.54	6.06	4.18	4.22	4.81	5.93	7.21	6.93	6.67
\$400	9.06	10.18	9.76	6.92	4.78	4.82	5.50	6.78	8.24	7.92	7.62
\$450	10.19	11.45	10.98	7.79	5.38	5.42	6.19	7.63	9.27	8.91	8.57
\$500	11.33	12.73	12.20	8.65	5.98	6.03	6.88	8.48	10.30	9.90	9.53
\$550	12.46	14.00	13.42	9.52	6.57	6.63	7.56	9.32	11.33	10.89	10.48
\$600	13.59	15.27	14.64	10.38	7.17	7.23	8.25	10.17	12.36	11.88	11.43
\$650	14.72	16.54	15.86	11.25	7.77	7.83	8.94	11.02	13.39	12.87	12.38
\$700	15.86	17.82	17.08	12.11	8.37	8.44	9.63	11.87	14.42	13.86	13.34
\$750	16.99	19.09	18.30	12.98	8.96	9.04	10.31	12.71	15.45	14.85	14.29
\$800	18.12	20.36	19.52	13.84	9.56	9.64	11.00	13.56	16.48	15.84	15.24
\$850	19.25	21.63	20.74	14.71	10.16	10.24	11.69	14.41	17.51	16.83	16.19
\$900	20.39	22.91	21.96	15.57	10.76	10.85	12.38	15.26	18.54	17.82	17.15
\$950	21.52	24.18	23.18	16.44	11.35	11.45	13.06	16.10	19.57	18.81	18.10
\$1,000	22.65	25.45	24.40	17.30	11.95	12.05	13.75	16.95	20.60	19.80	19.05

Critical Illness Insurance



- ▶ **HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.** When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit.
- ▶ **PAYMENT COMES DIRECTLY TO YOU.** While your medical plan may cover most direct costs associated with an illness, Critical Illness insurance can be used to pay for any expenses, medical or not. It pays in addition to other coverage you may already have.

Included:

Health Navigator Help Line
for expert guidance with
health needs and medical
billing questions.

BENEFITS <i>This coverage is available with no medical questions asked.</i>	
For you	You can choose between \$10,000 and \$30,000 of coverage, in increments of \$10,000.
For your Spouse	If you elect coverage for your spouse, your spouse will receive 100% of your elected benefit.
For your child(ren)	If you elect coverage for your child, your child will receive 50% of your elected benefit. An eligible child is defined as your child from birth to age 26.

CLOVIS MUNICIPAL SCHOOLS

All Eligible Employees

POLICY #: 962607

Sun Life Assurance Company of Canada

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What's covered

The amount payable is based on your elected amount of coverage and whether the covered condition pays a full (i.e. 100% of the elected amount) or partial (i.e., 25% of elected amount) benefit. For a benefit to be payable, your condition must be diagnosed after your coverage effective date.

For more detailed information on covered conditions and qualifications for payment, visit sunlife.com/ciconditions.

COVERED CONDITIONS	
Cardiac Conditions	
Heart attack - Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%
Heart attack - ST-Segment Elevation Myocardial Infarction (STEMI)	100%
Coronary Artery Disease	5%
Coronary Artery Obstruction	25%
Sudden Cardiac Arrest	100%
Congestive Heart Failure - Stage 3 or higher	25%
Vascular Conditions	
Transient Ischemic Attack (TIA)	10%
Stroke	100%
Organ Failure Conditions	
End Stage Kidney Failure	100%
Major Organ Failure	100%
Other Conditions	
Benign Brain or Spinal Cord Tumor	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Blindness	100%
Loss of Speech	100%
Loss of Hearing	100%
Occupational Infectious Disease	100%
Progressive Neurological Conditions	
ALS/Lou Gehrig's Disease	100%
Advanced Dementia	100%
Advanced Huntington's Disease	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's Disease	100%
Childhood Conditions	
Cerebral Palsy	100%
Type 1 Diabetes Mellitus	100%
Congenital Structural Anomaly	100%
Congenital Heart Defects	100%
Congenital Metabolic Disorder	100%
Other Genetic Disorders	100%
Cancer conditions	
Unlimited occurrences	
Non-Invasive Cancer	25%
Invasive Cancer	100%

What's covered

COVERED CONDITIONS	
Metastasis of Non-Invasive Cancer	75%
Skin Cancer	5%
Infectious Disease Conditions	
Severe Infectious Disease (includes COVID)	15%

Frequently asked questions

Why is the Recurrence Benefit important?

If you receive a benefit for a condition or type of condition covered under this plan and are later diagnosed with the same condition, a Recurrence Benefit may be payable. If this happens to you we'll pay you an additional benefit if you meet the Recurrence Benefit requirements for that condition. Not all covered conditions are eligible for recurrence. See your Certificate for more information on recurrence benefits. Benefit requirements may vary by condition.

Can I receive benefits for more than one critical illness?

Yes. To receive benefits for more than one condition, there must be at least 6 months between each diagnosis date. You can only claim benefits once for each covered condition unless a Recurrence Benefit is payable.

How do I file a Critical Illness claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us online at sunlife.com/account. We'll ask that you and your doctor provide information about your medical condition.

What is the Health Navigator Help Line?

You can use the Health Navigator Help Line (accessible by phone or web) to connect with a Care Advisor for guidance on your medical benefits, upcoming medical appointments, physician referrals or assessment, and recommendations of clinical and community resources.

Additionally, the expert advisory team can help review and answer questions on medical bills and claims, education on the appeals process, fee and payment plan negotiation information, and direct you to financial resources.

How is my benefit taxed?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable

income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your options.

Read the *Important information* section for more details including limitations and exclusions.

"Critical Illness insurance" is a limited benefit policy. The certificate has exclusions, limitations and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. Read the Important information section for more details including limitations and exclusions.

Important information

This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”). It does NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Exclusions

The below exclusions may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate for details.

Critical Illness

We will not pay any benefit that is caused by, contributed to in any way, or resulting from any Covered Condition Diagnosed outside the United States or Canada without confirmation of the Diagnosis by a Physician who practices in the United States or Canada.

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include:

- Substance abuse, including abuse of alcohol, alcoholism, abuse of a legally obtained prescription medication, and illegal use of a non-prescribed drug or narcotic; or
- Voluntarily taking or using any drug, medication, narcotic, or controlled substance, unless it is:
 - Administered and taken as prescribed by a Physician for the covered person; or
 - Taken according to the “over the counter” package directions

Covered conditions have specific definitions and diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For more information, please refer to your Certificate, contact your Benefit Administrator or visit sunlife.com/ciconditions.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed.

Health Navigator Help Line is provided by PinnacleCare. PinnacleCare is a member of the Sun Life Financial Inc. (“Sun Life”) family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of the medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value-added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. Value-added services are not available in New York and may not be available in all other states.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”). Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01, 23-SD-C-01, 23-SDPort-C-01, 23-SD-R-01, 23-SD-R-02, 23-SD-R-03, 23-SD-R-04, 23-SD-R-05, 23-SD-R-06, 20-SD-R-01.

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SHCIBH-1574

Rates

Rates are effective as of January 1, 2027.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Employee Critical Illness – Uni-Tobacco rates | Age and cost – pay period (semi-monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	1.00	1.40	2.00	2.85	4.40	6.60	9.80	13.90	17.70	24.05	32.85	47.85
\$20,000	2.00	2.80	4.00	5.70	8.80	13.20	19.60	27.80	35.40	48.10	65.70	95.70
\$30,000	3.00	4.20	6.00	8.55	13.20	19.80	29.40	41.70	53.10	72.15	98.55	143.55

Employee premium includes child coverage

Rates

Rates are effective as of January 1, 2027.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the employee's age.

Spouse Critical Illness – Uni-Tobacco rates | Age and cost – pay period (semi-monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	1.00	1.40	2.00	2.85	4.40	6.60	9.80	13.90	17.70	24.05	32.85	47.85
\$20,000	2.00	2.80	4.00	5.70	8.80	13.20	19.60	27.80	35.40	48.10	65.70	95.70
\$30,000	3.00	4.20	6.00	8.55	13.20	19.80	29.40	41.70	53.10	72.15	98.55	143.55

Child(ren) Critical Illness

Coverage amounts
\$5,000
\$10,000
\$15,000

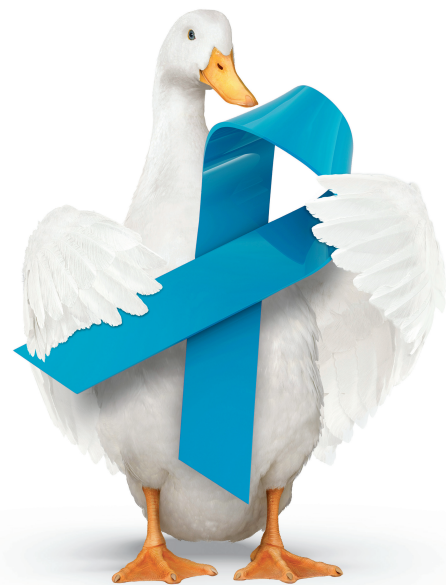
Child coverage is included in the Employee premium

Aflac

Cancer Protection Assurance

CANCER INDEMNITY INSURANCE – OPTION 2

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THIS TYPE OF PLAN IS NOT CONSIDERED MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT AND THEREFORE DOES NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE COVERAGE. IF YOU DO NOT HAVE OTHER HEALTH INSURANCE COVERAGE, YOU MAY BE SUBJECT TO A TAX PENALTY. PLEASE CONSULT YOUR TAX ADVISOR.

Underwritten by:

American Family Life Assurance Company of Columbus

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

B70275NRNM

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Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: \$5,000 Dependent Child: \$10,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$375 per calendar month Physician Administered: \$1,600 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	\$500 on the anniversary date of diagnosis; lifetime maximum of five annual \$500 payments per covered person
CANCER SCREENING	One \$75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$250 per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
HORMONAL THERAPY	\$25 once per calendar month
TOPICAL CHEMOTHERAPY	\$150 once per calendar month
ANTINAUSEA	\$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person
SURGICAL/ANESTHESIA	\$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200 Dependent Child: \$250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400 Dependent Child: \$500

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person		
EXTENDED-CARE FACILITY	\$100 per day; limited to 30 days in each calendar year, per covered person		
HOME HEALTH CARE	\$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person		
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person		
NURSING SERVICES	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable		
SURGICAL PROSTHESIS	\$2,000; lifetime maximum of \$4,000 per covered person		
NONSURGICAL PROSTHESIS	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person		
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000		
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500		
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person		
AMBULANCE	\$250 ground \$2,000 air ambulance		
TRANSPORTATION	\$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip		
LODGING	\$65 per day; limited to 90 days per calendar year		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE	Yes		
OPTIONAL RIDERS:	DESCRIPTION:		
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.		
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:		
	Initial diagnosis	Hospitalization	
	\$2,000	30 days or less; \$400 per day	31 days or more; \$800 per day
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child		

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

Accident Insurance



You can purchase this coverage for you and your family. Child coverage is available to age 26.

▶ HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

ACCIDENT FAST FACTS

Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.¹

This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).

CLOVIS MUNICIPAL SCHOOLS

All Eligible Employees

POLICY # 962607

Sun Life Assurance Company of Canada

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What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here. Choose the plan that best meets your needs and your budget.

DISLOCATIONS	ENHANCED PLAN		PREMIER PLAN	
	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$8,000	\$4,000	\$10,000	\$5,000
Knee, ankle, or bones of the foot	\$3,000	\$1,500	\$4,000	\$2,000
Elbow or wrist	\$2,000	\$1,000	\$2,500	\$1,500
Shoulder, Collarbone, bones of the hand or Lower jaw	\$2,000	\$1,000	\$3,000	\$1,500
Finger(s) or toe(s)	\$400	\$200	\$600	\$300
FRACTURES	ENHANCED PLAN		PREMIER PLAN	
	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$6,000	\$3,000	\$10,000	\$5,000
Skull-depressed	\$7,500	\$3,750	\$12,000	\$6,000
Skull-simple	\$4,000	\$2,000	\$7,000	\$3,500
Vertebral processes, Upper jaw, upper arm, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow, Heel or Multiple ribs	\$1,500	\$750	\$2,000	\$1,000
Bones of the face or Nose	\$1,500	\$750	\$3,000	\$1,500
Leg	\$3,000	\$1,500	\$4,000	\$2,000
Vertebrae, Sternum	\$2,400	\$1,200	\$4,000	\$2,000
Pelvis	\$2,400	\$1,200	\$5,000	\$2,500
Rib, Finger, Toe or Coccyx	\$600	\$300	\$800	\$400
ADDITIONAL INJURIES				
Eye Injury - surgical repair		\$300		\$400
Eye Injury - object remove		\$300		\$400
Brain injury		\$500		\$500
Paralysis—paraplegia		\$12,500		\$25,000
Paralysis—quadriplegia		\$20,000		\$50,000
Coma		\$10,000		\$15,000
Concussion		\$200		\$300
BURNS	2ND DEGREE	3RD DEGREE	2ND DEGREE	3RD DEGREE
21-40 square centimeters	\$300	\$750	\$400	\$1,000
41-65 square centimeters	\$600	\$1,500	\$800	\$2,000
66-160 square centimeters	\$800	\$4,500	\$1,200	\$6,000
161-225 square centimeters	\$1,200	\$10,000	\$1,600	\$14,000
More than 225 square centimeters	\$1,500	\$15,000	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
LACERATIONS				
No sutures and treated by doctor		\$35		\$65
Single laceration under 5 cm with sutures		\$65		\$100
5-15 cm with sutures (total of all lacerations)		\$250		\$350
Greater than 15 cm with sutures (total of all lacerations)		\$700		\$1,000

MEDICAL SERVICES		
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$300	\$400
Diagnostic Exam - X-ray (1 time per covered accident)	\$300	\$400
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$250	\$300
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$250	\$250
Physical Therapy (per visit up to 10 visits per covered accident)	\$75	\$100
Medical Devices	\$400	\$600
Epidural Pain Management (up to 2 times per covered accident)	\$100	\$150
Prescription drug	\$75	\$100
Prosthesis (one)	\$750	\$1,000
Prosthesis (two)	\$1,500	\$2,000
Blood, Plasma, or Platelet Transfusion	\$300	\$400
HOSPITAL		
Hospital Admission (once per benefit year)	\$2,000	\$2,500
Hospital Confinement (per day up to 365 days per covered accident)	\$400	\$500
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$2,500	\$3,000
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	\$400	\$500
Ambulance (Ground)	\$500	\$600
Ambulance (Air)	\$1,500	\$2,000
Emergency Room Admission	\$400	\$500
Family Lodging (per day up to 30 days per benefit year)	\$100	\$200
Transportation (100 or more miles up to 3 times per covered accident)	\$500	\$600
Rehabilitation Unit (per day up to 30 days per covered accident)	\$100	\$150
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$750	\$750
Open Surgery	\$1,500	\$2,000
Exploratory Surgery or Debridement	\$500	\$500
Tendon/Ligament/Rotator Cuff Tear	\$750	\$1,250
Torn Knee Cartilage	\$750	\$1,250
Ruptured/Herniated Disc	\$750	\$1,250
EMERGENCY DENTAL		
Emergency Dental extraction	\$65	\$100
Emergency Dental crown	\$200	\$400

LIFE AND DISMEMBERMENT LOSSES*		
Accidental Death	\$75,000	\$100,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$150,000	\$200,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$25,000	\$50,000
Loss of one hand, foot, leg, or arm	\$15,000	\$25,000
Loss of sight of one eye or loss of one eye	\$15,000	\$25,000
Two or more fingers or toes	\$3,000	\$5,000
One finger or one toe	\$1,500	\$2,500
Loss of hearing of one ear or loss of one ear	\$5,000	\$7,500

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Frequently asked questions

How do I file an accident claim?

If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

1. "Health, United States, 2016," US Department of Health and Human Services, Table 75.

Read the *Important information* section for more details including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger;

work-related illness or injuries unless you are enrolled in 24-hour coverage.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-AC-C-01, 15-GP-01 and 16-AC-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

Coverage and **semi-monthly** cost for Accident.

Rates are effective as of January 1, 2027.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Enhanced Plan

Coverage	Cost per pay period*
Employee	\$4.62
Employee + Spouse	\$8.31
Employee + Child(ren)	\$9.07
Employee + Family	\$12.76

Premier Plan

Coverage	Cost per pay period*
Employee	\$7.32
Employee + Spouse	\$12.75
Employee + Child(ren)	\$14.93
Employee + Family	\$20.36

*Contact your employer to confirm your part of the cost.

VOLUNTARY PERMANENT LIFE INSURANCE

PURELIFE-PLUS

TEXASLIFE INSURANCE
COMPANY

The Ideal Complement

Our voluntary permanent life insurance product can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

No Exams Or Needles!

You can qualify by answering just 3 quick questions.¹

During the last six months, has the proposed insured:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

Product Features



You own it and the cost is reasonable, plus it features a high death benefit



You can cover your spouse, children and grandchildren, too²



You can take it with you when you change jobs or retire³



You can get a living benefit if you become terminally ill⁴



You pay for it through convenient payroll deductions



You can exercise a living benefit to cover care expenses if you become chronically ill⁵



Additional Information

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-plus features one of the highest death benefits per payroll-deducted dollar offered at the worksite.⁶
- **Refund of Premium.** Unique in the workplace, PURELIFE-plus offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.**⁴ Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive.
- **Accelerated Death Benefit for Chronic Illness Rider.**⁵ This valuable living benefit is available to employees only and upon approval will be included in their life contract at an additional cost. This rider will be triggered by the loss of two out of six Activities of Daily Living⁷ or Severe Cognitive Impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a \$150 administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility.
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-plus helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium for a significant period of time (after the premium guaranteed period, premiums may go down, stay the same, or go up).⁸

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Underwritten and claims paid by Texas Life. Licensed in DC and all states except NY.

Important Note: Texas Life does not offer financial advice. Contact a financial advisor in your state for financial information.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the PureLife-plus brochure for costs and complete details. Form series PRFNG-NI.

1 Issuance of coverage will depend on the answers to these questions.

2 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

3 As long as the necessary premiums are paid.

4 Accelerated Death Benefit Due to Terminal Illness Rider. Conditions apply. Form series ULABR.

5 Chronic Illness Rider available for an additional cost for employees, upon approval. Conditions apply. Requires additional underwriting questions; issuance of coverage will depend on the answers to these questions. Form series ULABR-CI.

6 Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

7 Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in; (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

8 As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. Forty-five (45) years average for all ages based on our actuarial review.

Texas Life Insurance Company | 900 Washington Ave | PO Box 830 | Waco, Texas 76703-0830 | 800.283.9233 | texaslife.com

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age Issue	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20			13.05	19.53	23.85	34.65	45.45	56.25	67.05	75
21-22			13.33	19.97	24.40	35.48	46.55	57.63	68.70	74
23			13.60	20.41	24.95	36.30	47.65	59.00	70.35	75
24-25			13.88	20.85	25.50	37.13	48.75	60.38	72.00	74
26			14.43	21.73	26.60	38.78	50.95	63.13	75.30	75
27-28			14.70	22.17	27.15	39.60	52.05	64.50	76.95	74
29			14.98	22.61	27.70	40.43	53.15	65.88	78.60	74
30-31			15.25	23.05	28.25	41.25	54.25	67.25	80.25	73
32			16.08	24.37	29.90	43.73	57.55	71.38	85.20	74
33			16.63	25.25	31.00	45.38	59.75	74.13	88.50	74
34			17.45	26.57	32.65	47.85	63.05	78.25	93.45	75
35		12.03	18.55	28.33	34.85	51.15	67.45	83.75	100.05	76
36		12.36	19.10	29.21	35.95	52.80	69.65	86.50	103.35	76
37		12.86	19.93	30.53	37.60	55.28	72.95	90.63	108.30	77
38		13.35	20.75	31.85	39.25	57.75	76.25	94.75	113.25	77
39		14.18	22.13	34.05	42.00	61.88	81.75	101.63	121.50	78
40	10.75	15.00	23.50	36.25	44.75	66.00	87.25	108.50	129.75	79
41	11.52	16.16	25.43	39.33	48.60	71.78	94.95	118.13	141.30	80
42	12.40	17.48	27.63	42.85	53.00	78.38	103.75	129.13	154.50	81
43	13.17	18.63	29.55	45.93	56.85	84.15	111.45	138.75	166.05	82
44	13.94	19.79	31.48	49.01	60.70	89.93	119.15	148.38	177.60	83
45	14.71	20.94	33.40	52.09	64.55	95.70	126.85	158.00	189.15	83
46	15.59	22.26	35.60	55.61	68.95	102.30	135.65	169.00	202.35	84
47	16.36	23.42	37.53	58.69	72.80	108.08	143.35	178.63	213.90	84
48	17.13	24.57	39.45	61.77	76.65	113.85	151.05	188.25	225.45	85
49	18.12	26.06	41.93	65.73	81.60	121.28	160.95	200.63	240.30	85
50	19.22	27.71	44.68	70.13	87.10	129.53				86
51	20.54	29.69	47.98	75.41	93.70	139.43				87
52	21.97	31.83	51.55	81.13	100.85	150.15				88
53	23.07	33.48	54.30	85.53	106.35	158.40				88
54	24.17	35.13	57.05	89.93	111.85	166.65				88
55	25.38	36.95	60.08	94.77	117.90	175.73				89
56	26.48	38.60	62.83	99.17	123.40	183.98				89
57	27.80	40.58	66.13	104.45	130.00	193.88				89
58	29.01	42.39	69.15	109.29	136.05	202.95				89
59	30.33	44.37	72.45	114.57	142.65	212.85				89
60	31.18	45.65	74.58	117.97	146.90	219.23				90
61	32.61	47.79	78.15	123.69	154.05	229.95				90
62	34.37	50.43	82.55	130.73	162.85	243.15				90
63	36.13	53.07	86.95	137.77	171.65	256.35				90
64	38.00	55.88	91.63	145.25	181.00	270.38				90
65	40.09	59.01	96.85	153.61	191.45	286.05				90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age Issue	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
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2-4										80
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9-10										79
11-16										77
17-20			18.55	28.33	34.85	51.15	67.45	83.75	100.05	71
21-22			19.38	29.65	36.50	53.63	70.75	87.88	105.00	71
23			20.20	30.97	38.15	56.10	74.05	92.00	109.95	72
24-25			20.75	31.85	39.25	57.75	76.25	94.75	113.25	71
26			21.30	32.73	40.35	59.40	78.45	97.50	116.55	72
27-28			21.85	33.61	41.45	61.05	80.65	100.25	119.85	71
29			22.13	34.05	42.00	61.88	81.75	101.63	121.50	71
30-31			24.88	38.45	47.50	70.13	92.75	115.38	138.00	72
32			25.70	39.77	49.15	72.60	96.05	119.50	142.95	72
33			25.98	40.21	49.70	73.43	97.15	120.88	144.60	72
34			26.25	40.65	50.25	74.25	98.25	122.25	146.25	71
35		17.81	28.18	43.73	54.10	80.03	105.95	131.88	157.80	72
36		18.30	29.00	45.05	55.75	82.50	109.25	136.00	162.75	72
37		19.46	30.93	48.13	59.60	88.28	116.95	145.63	174.30	73
38		19.95	31.75	49.45	61.25	90.75	120.25	149.75	179.25	73
39		21.27	33.95	52.97	65.65	97.35	129.05	160.75	192.45	74
40	16.14	23.09	36.98	57.81	71.70	106.43	141.15	175.88	210.60	76
41	17.13	24.57	39.45	61.77	76.65	113.85	151.05	188.25	225.45	77
42	18.34	26.39	42.48	66.61	82.70	122.93	163.15	203.38	243.60	78
43	19.88	28.70	46.33	72.77	90.40	134.48	178.55	222.63	266.70	80
44	20.65	29.85	48.25	75.85	94.25	140.25	186.25	232.25	278.25	80
45	21.75	31.50	51.00	80.25	99.75	148.50	197.25	246.00	294.75	81
46	22.63	32.82	53.20	83.77	104.15	155.10	206.05	257.00	307.95	81
47	23.73	34.47	55.95	88.17	109.65	163.35	217.05	270.75	324.45	82
48	24.72	35.96	58.43	92.13	114.60	170.78	226.95	283.13	339.30	82
49	26.15	38.10	62.00	97.85	121.75	181.50	241.25	301.00	360.75	83
50	27.36	39.92	65.03	102.69	127.80	190.58				83
51	28.57	41.73	68.05	107.53	133.85	199.65				83
52	30.33	44.37	72.45	114.57	142.65	212.85				84
53	31.87	46.68	76.30	120.73	150.35	224.40				85
54	33.30	48.83	79.88	126.45	157.50	235.13				85
55	34.84	51.14	83.73	132.61	165.20	246.68				85
56	36.60	53.78	88.13	139.65	174.00	259.88				85
57	38.36	56.42	92.53	146.69	182.80	273.08				86
58	40.23	59.22	97.20	154.17	192.15	287.10				86
59	42.10	62.03	101.88	161.65	201.50	301.13				86
60	43.28	63.80	104.83	166.37	207.40	309.98				86
61	45.81	67.59	111.15	176.49	220.05	328.95				86
62	48.23	71.22	117.20	186.17	232.15	347.10				87
63	50.65	74.85	123.25	195.85	244.25	365.25				87
64	53.07	78.48	129.30	205.53	256.35	383.40				87
65	55.71	82.44	135.90	216.09	269.55	403.20				87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Universal Availability Notice

Clovis Municipal Schools 403(b)

PLAN HIGHLIGHTS

Visit NBSbenefits.com/403b for additional information



Congratulations! You are eligible to participate in the 403(b) retirement plan provided by the **Clovis Municipal Schools 403(b)**. Contributing to a 403(b) plan will give you peace of mind through financial security during your retirement. A 403(b) plan allows you to contribute a portion of your compensation as a pre-tax or post-tax (Roth) contribution (if allowed by your Employer) in order to save for retirement. Participation in the 403(b) plan is completely voluntary. If you are already contributing to the 403(b) plan, now is a perfect time to increase your contributions.

What is a 403(b) Plan?

A 403(b) plan, also known as a Tax-Sheltered Annuity (TSA), is a tax-deferred retirement plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

What are the benefits of contributing to a 403(b) Plan?

LOWER TAXES

The 403(b) contributions you make can be on a pre-tax basis. This means that the money used to invest in the 403(b) plan is not taxed until the funds are withdrawn. For example, if your federal marginal income tax rate is 25%, and you contribute \$100 a month to a 403(b) plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings grow with the size of your 403(b) contribution.

TAX-DEFERRED GROWTH

In your 403(b) plan, interest and earnings grow tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 403(b) plan allows your account to grow more quickly than money saved in a taxable account where interest and earnings are taxed each year.

TAKING THE INITIATIVE

Contributing to a 403(b) retirement plan helps you take control of your future retirement needs. Other sources of retirement income, including state pension plans and Social Security, often do not adequately replace a person's salary upon retirement. A 403(b) plan can be a great way to supplement your income at retirement.

POSSIBLE TAX CREDITS

Pre-tax contributions may put you in a lower tax bracket reducing your overall tax rate.

DISTRIBUTIONS FROM THE PLAN

You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Retirement
2. Termination of Employment
3. Attainment of Age 59 ½
4. Total Disability
5. Death

The vendors may require additional paperwork.

LOANS

You may borrow up to 50% of your vested balance up to \$50,000 (whichever is less). Contact your current vendor about their specific loan provisions.

REQUIRED MINIMUM DISTRIBUTIONS (RMD)

Distributions are required at age 73. Exceptions may apply.

HIGHER LIMITS

Annual contribution limits are much higher than those of an IRA.

How much can you contribute to a 403(b) Plan?

You may elect to save:

- 100% of your income up to \$24,500 (2026)
- Extra \$8,000 if age 50+

HOW TO ENROLL IN THE PLAN

Your employer has provided investment option(s) for you. A list of approved vendor(s) and the Salary Reduction Agreement ("SRA") can be found by visiting the National Benefit Services website at <http://www.nbsbenefits.com/non-erisa-403b-forms/> or by contacting NBS (contact information below).

Once you have chosen an approved vendor, please open a 403(b) account directly with them. To begin investing, send the completed SRA form to NBS who will work with your employer to begin contributions.

INVESTMENT CHOICES

Annuity contracts made available through insurance companies or custodial accounts through a retirement account custodian are allowed in 403(b) plans. You will need to contact the vendor for a comprehensive listing and information regarding the available investment options.

EXCHANGES

As a participant in the 403(b) plan, you have the option to move funds, or "exchange" tax-free between different vendors within the same plan.

ROLLOVERS

You also have the option of rolling retirement funds from previous employers to your current employer's plan thus simplifying retirement management.

ROTH

You may also choose to invest part of your income on an after-tax (Roth) basis. Roth contributions are taxed at the time of the investment though contributions *and* earnings grow tax-free until withdrawn. Qualified distributions will allow you to withdraw your money tax-free.

HARDSHIP DISTRIBUTIONS

An in-service hardship distribution may be allowed if you satisfy certain criteria. Contact NBS for more information about the requirements.

NBS Retirement Service Center

8523 S. Redwood Rd.
West Jordan, UT 84088
800.274.0503 ext. 2,5
Fax - 1.800. 597.8206

Contact NBS if you have questions about
the retirement plan



Clovis Municipal Schools

Plan Contact Person:

Alicia Viscaino
1009 North Main St
Clovis, NM 88101
1.575.769.4300

457(b) Plan Highlights

Clovis Municipal Schools

Visit NBSbenefits.com/457b for additional information



Congratulations! You are eligible to participate in the 457 retirement plan provided by the **Clovis Municipal Schools 457(b)**. Contributing to a 457 plan will give you peace of mind through financial security during your retirement. A 457 plan allows you to contribute a portion of your compensation as a pre-tax or post-tax (Roth) contribution (if allowed by your Employer) in order to save for retirement. Participation in the 457 plan is completely voluntary. If you are already contributing to the 457 plan, now is a perfect time to increase your contributions.

What is a 457 Plan?

A 457 plan is a tax-deferred compensation plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

What are the benefits of contributing to a 457 Plan?

LOWER TAXES

The 457 contributions you make can be on a pre-tax basis. This means that the money used to invest in the 457 plan is not taxed until the funds are withdrawn. For example, if your federal marginal income tax rate is 25%, and you contribute \$100 a month to a 457 plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings grow with the size of your 457 contribution.

TAX-DEFERRED GROWTH

In your 457 plan, interest and earnings grow tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 457 plan allows your account to grow more quickly than money saved in a taxable account where interest and earnings are taxed each year.

TAKING THE INITIATIVE

Contributing to a 457 plan helps you take control of your future retirement needs. Other sources of retirement income, including state pension plans and Social Security, often do not adequately replace a person's salary upon retirement. A 457 plan can be a great way to supplement your income at retirement.

POSSIBLE TAX CREDITS

Pre-tax contributions may put you in a lower tax bracket reducing your overall tax rate.

TRANSFERS

As a participant in the 457 plan, you have the option to move funds, or "transfer" tax-free between different vendors within the same plan.

ROLLOVERS

You also have the option of rolling retirement funds from previous employers to your current employer's plan thus simplifying retirement management.

DISTRIBUTIONS FROM THE PLAN

You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Retirement
2. Termination of Employment
3. Attainment of Age 70 ½
4. Total Disability
5. Death

The vendors may require additional paperwork.

HIGHER LIMITS

Annual contribution limits are much higher than those of an IRA.

How much can you contribute to a 457 Plan?

You may elect to save:

- 100% of your income up to \$24,500.00 in 2026
- Extra 8,000 if age 50+
- Limits are completely separate from those made to 403(b) or 401(k) accounts

REQUIRED MINIMUM DISTRIBUTIONS (RMD)

Distributions are required at age 72. Exceptions may apply.

HOW TO ENROLL IN THE PLAN

Your employer has provided investment option(s) for you. A list of approved vendor(s) and the Salary Reduction Agreement ("SRA") can be found by visiting the National Benefit Services website at

<http://www.nbsbenefits.com/non-erisa-403b-forms/>

or by contacting NBS (contact information below).

Once you have chosen an approved vendor, please open a 457 account directly with them. To begin investing, send the completed SRA form to NBS who will work with your employer to begin contributions.

INVESTMENT CHOICES

Annuity contracts made available through insurance companies or custodial accounts through a retirement account custodian are allowed in 457 plans. You will need to contact the vendor for a comprehensive listing and information regarding the available investment options.

UNFORESEEABLE EMERGENCY

An in-service unforeseeable emergency distribution may be allowed if you satisfy certain criteria. Contact NBS for more information about the requirements.

ROTH

You may also choose to invest part of your income on an after-tax (Roth) basis. Roth contributions are taxed at the time of the investment though contributions *and* earnings grow tax-free until withdrawn. Qualified distributions will allow you to withdraw your money tax-free.

LOANS

You may borrow up to 50% of your vested balance up to \$50,000 (whichever is less). Contact your current vendor about their specific loan provisions.

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