



**CORRECTION OFFICERS'  
BENEVOLENT ASSOCIATION, INC.**  
"PATROLLING THE TOUGHEST PRECINCTS IN NEW YORK"

**ACTIVE MEMBERS  
LIFE INSURANCE BOOKLET**

# **COBA HEADQUARTERS**

77-10 21st Avenue  
East Elmhurst, N.Y. 11370  
t. 718.545.COBA [2622]  
f. 718.545.2668

## **COBA LAW FIRMS**

**KARASYK AND MOSCHELLA**  
**GENERAL COUNSEL**  
212-233-3800

**JOEY JACKSON LAW PLLC**  
**CRIMINAL AND DISCIPLINE**  
833-JOEYJACKSON (563-9522)

**QUELLER, FISHER, WASHOR, FUCHS & KOOL AND**  
**THE LAW OFFICE OF WILLIAM A. GALLINA, LLP**  
**MALPRACTICE AND PERSONAL INJURY**  
212-406-1700

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Information on the  
Contract, Legislation,  
COBA Benefits and  
What's going on in the Union.



SCAN THE COBA  
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MORE INFORMATION

**[www.cobanyc.org](http://www.cobanyc.org)**



**BENNY BOSCIO JR.**  
President

July 2021

Dear Brother/Sister Officer:

The COBA Executive Board and I commit to providing the most up to date benefits to you and your family. Since 1995 there has been a total of \$150,000.00 increase in the Group Life Insurance policy. It inclusive of our most recent increase of \$75,000.00 in July 2011. We are pleased to advise that the life insurance policy for Active Members is \$200,000.00. Please read this Group Life Insurance Booklet carefully and file it in your personal records.

It is a great pleasure to deliver this update to you and your family. We will continue to work for the Correction Officers membership diligently and update you about further enhancements to your benefits.

To learn more about the COBA benefits provided to you, please visit our website at [www.cobanyc.org](http://www.cobanyc.org).

Sincerely,

Benny Boscio Jr.  
President

# COBA EXECUTIVE BOARD



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# TABLE OF CONTENTS

SCHEDULE OF INSURANCE – LIFE .....	1
LIFE INSURANCE BENEFIT .....	2
DEFINITIONS – LIFE .....	3
ELIGIBILITY AND ENROLLMENT .....	5
PERIOD OF COVERAGE .....	5
BENEFITS – LIFE.....	7
GENERAL PROVISIONS .....	12



# FIRST SYMETRA NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

420 LEXINGTON AVENUE, SUITE 300, NEW YORK, NEW YORK 10170-0399  
PHONE 1-800-457-9015 • WWW.SYMETRA.COM/NY

(A stock insurance company, herein called The Company, We, Our or Us) will pay benefits according to the terms and conditions of The Policy.

## Annually Renewable Nonparticipating Group Term Life Insurance Certificate

### NAME OF POLICYHOLDER:

The Trustees of the Active Health and Welfare Fund of COBA of the  
City of New York

### POLICY NUMBER:

24 000108 00

### EFFECTIVE DATE:

October 1, 2017

### PLACE OF DELIVERY:

New York

### ANNIVERSARY DATE:

Monthly, on the first day  
of each policy month

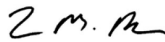
### PREMIUM DUE DATES:

May first of each year beginning in 2018

Signed for The Company



Michael Fry, Executive Vice President



Thomas M. Marra, President

**READ YOUR CERTIFICATE CAREFULLY.  
CERTAIN WAR RISKS ARE NOT ASSUMED.  
IN CASE OF ANY DOUBT WRITE THE COMPANY  
FOR FURTHER EXPLANATION.**

You have a 30 day right from Your original Certificate Effective Date to examine Your certificate. If You are not satisfied, You may return it to Us within 30 days of Your original certificate Effective Date. In that event, We will consider it void from its Effective Date and any premiums paid will be refunded. Any claims paid under The Policy during the initial 30 day period will be deducted from the refund.

A note on capitalization in this certificate: Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in The Policy or refers to a specific provision contained herein.

### TABLE OF CONTENTS

Certificate Face Page

Schedule of Insurance – Life

Schedule of Insurance – Accidental Death and Dismemberment

Definitions – Life

Definitions – Accidental Death and Dismemberment

Eligibility and Enrollment

Period of Coverage

Benefits – Life

Benefits – Accidental Death and Dismemberment

General Provisions

# **SCHEDULE OF INSURANCE – LIFE**

The benefits described herein are those in effect as of: October 1, 2017

## **COST OF COVERAGE:**

### **NON-CONTRIBUTORY COVERAGE:**

Basic Life Insurance

Basic Dependent Life Insurance

## **ELIGIBLE CLASS(ES) FOR COVERAGE:**

All Active Members in good standing with the Trustees of the Active Health & Welfare Fund of the Correction Officers' Benevolent Association of the City of New York who are working in the United States of America.

Class 1 All Eligible Active Members

## **ELIGIBILITY WAITING PERIOD FOR COVERAGE:**

If You are Actively at Work and a member of the Trust on the Policy Effective Date: None.

If You start work and become a member of the Trust after the Policy Effective Date: None.



# LIFE INSURANCE BENEFIT

## MEMBER

### Basic Class 1

Benefit Amount	\$200,000
Benefit Maximum Amount	\$200,000
Guaranteed Issue Amount	\$200,000

## DEPENDENT

### BASIC CLASS 1

#### Spouse

Benefit Amount	\$10,000
Benefit Maximum Amount	\$10,000
Guaranteed Issue Amount	\$10,000

### BASIC CLASS 1

#### Child birth to 23 years

Benefit Amount	\$5,000
Benefit Maximum Amount	\$5,000
Guaranteed Issue Amount	\$5,000

## Reduction in Amount of Life Insurance

We will reduce the amount of Life Insurance for You and Your Dependent by any amount:

- 1) of individual Life Insurance issued in accordance with the Conversion Right;
- 2) that was continued under the Portability provision; or
- 3) of Life Insurance in force, paid or payable under the Prior Policy.

## Reduction in Coverage Due to Age

# DEFINITIONS – LIFE

## **GUARANTEED ISSUE AMOUNT**

means the amount of Life Insurance for which We do not require Evidence of Insurability. The Guaranteed Issue Amount is shown in the Schedule of Insurance.

## **NON-CONTRIBUTORY COVERAGE**

means coverage for which You are not required to contribute toward the cost. Non-Contributory Coverage is shown in the Schedule of Insurance.

## **PHYSICIAN**

means a legally qualified Physician or surgeon other than a Physician or surgeon who is Related to You by blood or marriage.

## **PRIOR POLICY**

means, if applicable, the group life insurance policy carried by the Trust on the day before the Policy Effective Date.

## **RELATED**

means Your Spouse or other adult living with You, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter or grandchild.

## **RETIREES**

means a retiree is one who:

- 1) as an active employee with the New York City Department of Correction was an active member of the COBA Security Benefits Fund;
- 2) is enrolled in the New York City Retiree Health Insurance Program; and
- 3) retired on or after January 1, 1971.

**SPOUSE**

means Your Spouse who is not legally separated or divorced from You. Spouse will include Your domestic partner, provided You have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners for purposes of The Policy. You will continue to be considered domestic partners provided You continue to meet the requirements described in the domestic partner affidavit.

**THE POLICY**

means The Policy which We issued to the Policyholder under the Policy Number shown on the face page.

**TRUST**

means the Policyholder stated on the face page of The Policy.

**WE, US OR OUR**

means the insurance company named on the face page of The Policy.

**YOU OR YOUR**

means the person to whom this certificate is issued.

# ELIGIBILITY AND ENROLLMENT

## CHANGE IN FAMILY STATUS:

What constitutes a Change in Family Status?

A Change in Family Status occurs when:

- 1) You get married or You execute a domestic partner affidavit;
- 2) You and Your Spouse divorce or terminate a domestic partnership;
- 3) Your child is born or You adopt or become the legal guardian of a child;
- 4) Your Spouse or domestic partner dies;
- 5) Your child is no longer financially dependent on You or dies; or
- 6) Your Spouse or domestic partner is no longer employed, which results in a loss of group insurance.

## PERIOD OF COVERAGE

### EFFECTIVE DATE:

When does my coverage start?

Coverage, for which Evidence of Insurability is not required, will start on the date You become eligible.

Any coverage, for which Evidence of Insurability is required, will become effective on the later of:

- 1) the date You become eligible; or
- 2) the date We approve Your Evidence of Insurability.

However, all Effective Dates of coverage are subject to the Deferred Effective Date provision.

## **DEFERRED EFFECTIVE DATE:**

When will my effective date for coverage or a change in my coverage be deferred?

If, on the date You are to become covered:

- 1) for increased benefits; or
- 2) for a new benefit;

You are:

- 1) confined in a hospital; or
- 2) Confined Elsewhere;

such coverage will not start until You:

- 1) are discharged from the hospital; or
- 2) are no longer Confined Elsewhere; and have engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.

**CONFINED ELSEWHERE** means You are unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

## **TERMINATION:**

When will my coverage end?

Your coverage will end on the earliest of the following:

- 1) the date The Policy terminates;
- 2) the date You are no longer in a class eligible for coverage, or the class is cancelled;
- 3) the date the required premium is due but not paid; or
- 4) the date You or the Trust terminates Your membership.

# **BENEFITS – LIFE**

## **LIFE INSURANCE BENEFIT:**

When is the Life Insurance Benefit payable?

If You die while covered under The Policy, We will pay Your Life Insurance Benefit after We receive Proof of Loss, in accordance with the Proof of Loss provision.

The Life Insurance Benefit will be paid according to the General Provisions of the certificate.

## **ACCELERATED BENEFIT:**

What is the benefit?

In the event that You are diagnosed as Terminally Ill, and You request in writing that a portion of Your amount of Life Insurance be paid as an Accelerated Benefit, We will pay the Accelerated Benefit Amount as shown below, provided We receive proof of such Terminal Illness.

The amount of Life Insurance payable upon Your death will be reduced by any Accelerated Benefit Amount paid under this benefit. Premiums will not be adjusted.

You may request a minimum Accelerated Benefit Amount of \$3,000, and a maximum of \$4,000. However, in no event will the Accelerated Benefit Amount exceed 80% of Your amount of Life Insurance. This option may be exercised only once for You.

For example, if You are covered for a Life Insurance Benefit Amount under The Policy of \$5,000 and are Terminally Ill, You can request any portion of the amount of Life Insurance Benefits from \$3,000 to \$4,000 to be paid now instead of to Your beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$1,000 in the future.

Any benefits received under this benefit may affect eligibility for public assistance and may be taxable. You should consult a personal tax advisor for further information.

In the event:

- 1) You are required by law to accelerate benefits to meet the claims of creditors; or
- 2) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement;

You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.

If You have executed an assignment of rights and interest with respect to Your amount of Life Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.

**TERMINAL ILLNESS OR TERMINALLY ILL** means a life expectancy of 12 months or less.

### **PROOF OF TERMINAL ILLNESS AND EXAMINATIONS:**

Must proof of Terminal Illness be submitted?

We reserve the right to require satisfactory Proof of Terminal Illness on an ongoing basis. Any diagnosis submitted must be provided by a Physician.

If You do not submit proof of Terminal Illness satisfactory to Us, or if You refuse to be examined by a Physician, as We may require, then We will not pay an Accelerated Benefit.

### **NO LONGER TERMINALLY ILL:**

What happens to my coverage if I am no longer Terminally Ill?

If You are diagnosed by a Physician as no longer Terminally Ill and:

- 1) are in an Eligible Class, coverage will remain in force, provided premium is paid; or
- 2) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision.

In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.

## **CONVERSION RIGHT:**

If coverage under The Policy ends, do I have a right to convert?

If Life Insurance coverage or any portion of it under The Policy ends for any reason, You may have the right to convert the coverage that terminated to an individual conversion policy without providing Evidence of Insurability. Conversion is not available for any amount of Life Insurance for which You were not eligible and covered under The Policy.

You will be eligible to convert coverage if coverage under The Policy ends because:

- 1) The Policy is terminated; or
- 2) coverage for an Eligible Class is terminated.

The amount which may be converted under these circumstances is the Life Insurance Benefit under The Policy less any amount of Life Insurance for which You may become eligible under any group life insurance policy issued or reinstated within 31 days of termination of group life coverage.

If coverage under The Policy ends for any other reason, the full amount of coverage which ended may be converted.

Insurer, as used in this provision, means Us or another insurance company which has agreed to issue conversion policies according to this Conversion Right.

## **CONVERSION:**

How do I convert my coverage?

The Policyholder will provide You with written notice of Your conversion rights within 15 days before or after the date Your coverage ends and You will have 31 days from the date coverage ended, or from any extended notice period, to convert Your coverage. This written notice will be given by the Policyholder to You or mailed to Your last known address.

To convert Your coverage, You must apply within 31 days after Life Insurance terminates. However, if You are provided with notice of Your conversion rights more than 15 days, but less than 90 days after the date Your coverage ends, You will have 45 days after You are provided with the notice to convert Your coverage.



Your conversion rights will expire 90 days after the date Your coverage ends if the Policyholder does not provide You with notice of Your conversion rights within 90 days after the date Your coverage ends.

After the Insurer verifies eligibility for coverage, the Insurer will send You a Conversion Policy proposal. You must pay the required premium for coverage within the time period specified in this provision.

Any individual policy issued to You under the Conversion Right:

- 1) will be effective as of the date coverage ends; and
- 2) will be in lieu of coverage for this amount under The Policy.

### **CONVERSION POLICY PROVISIONS:**

What are the Conversion Policy Provisions?

The Conversion Policy will base premiums on the insured's class of risk under The Policy in effect for new applicants of Your class and age at the time of conversion.

The Conversion Policy will not provide the same terms and conditions of coverage as The Policy or any benefit other than the Life Insurance Benefit.

If Your coverage under the Policy ceases because of termination of Your employment or membership in an eligible class ends You may choose to have a Conversion Policy issued by the Insurer. The Conversion Policy may be any policy customarily issued by the Insurer except term insurance, except that the Conversion Policy may be preceded by preliminary term insurance for a period of one year with the premium payable, at Your option, in any mode customarily offered by the Insurer.

If Your coverage under the Policy ceases due to Your total and permanent disability, You may choose to have a Conversion Policy issued by the Insurer. The Conversion Policy may be any policy customarily issued by the Insurer, including term insurance. The Conversion Policy may be preceded by preliminary term insurance for a period of one year with the premium payable, at Your option, in any mode customarily offered by the Insurer, and in the amount of Your Life Insurance Benefit in effect immediately before Your coverage was terminated, less the amount of any life insurance which is replaced with the same or another insurer within 45 days of the date Your coverage under this Policy ceases.

**DEATH WITHIN THE CONVERSION PERIOD:**

What if I die before coverage is converted?

We will pay the amount of Life Insurance You would have had the right to apply for under this provision if:

- 1) coverage under The Policy terminates;
- 2) You die within 31 days of the date coverage terminates or during any extended notice period; and
- 3) We receive Proof of Loss.

If the Conversion Policy has already taken effect, or a successful application for Conversion has been made, no Life Insurance Benefit will be payable under The Policy for the amount converted.

# GENERAL PROVISIONS

## **NOTICE OF CLAIM:**

When should I notify The Company of a claim?

You, or the person who has the right to claim benefits, must give Us, or Our representative, written notice of a claim within 30 days after the date of death.

If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Failure to give notice as soon as reasonably possible will not invalidate or reduce any claim. Such notice must include the claimant's name, address and the Policy Number.

## **CLAIM FORMS:**

Are special forms required to file a claim?

Within 15 days of receiving a Notice of Claim, We will send forms to the claimant to provide Proof of Loss. If We do not send the forms within 15 days, any other written proof which fully describes the nature and extent of the claim may be submitted.

## **PROOF OF LOSS:**

What is Proof of Loss?

With respect to the Life Insurance Benefits, Proof of Loss shall consist of a completed claim form and a certified copy of the death certificate.

For all other coverages, Proof of Loss may include, but is not limited to, the following:

- 1) a completed claim form;
- 2) a certified copy of the death certificate (if applicable);
- 3) Your enrollment form;
- 4) Your beneficiary designation (if applicable);
- 5) if applicable, documentation of:
  - a) the date Your disability began;
  - b) the cause of Your disability; and
  - c) the prognosis of Your disability;
- 6) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;
- 7) the names and addresses of all:
  - a) Physicians or other qualified medical professionals You have consulted;
  - b) hospitals or other medical facilities in which You have been treated; and
  - c) pharmacies which have filled Your prescriptions within the past three years;
- 8) Your signed authorization for Us to obtain and release medical, employment and financial information; or
- 9) any additional information required by Us to adjudicate the claim.

All proof submitted must be satisfactory to Us.

## **SENDING PROOF OF LOSS:**

When must Proof of Loss be given?

Written Proof of Loss should be sent to Us or Our representative after the Loss.

## **PHYSICAL EXAMINATION AND AUTOPSY:**

Can We have a claimant examined or request an autopsy?

While a claim is pending We have the right at Our expense:

- 1) to have the person who has a Loss examined by a Physician when and as often as We reasonably require; and
- 2) to have an autopsy performed in case of death where it is not forbidden by law.

## **CLAIM PAYMENT:**

When are benefit payments issued?

When We determine that benefits are payable, We will pay the benefits due in accordance with the Claims to be Paid provision, but not more than 30 days after such Proof of Loss is received.

## **CLAIMS TO BE PAID:**

To whom will benefits for my claim be paid?

Life Insurance Benefits will be paid in accordance with the life insurance beneficiary designation.

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:

- 1) the executors or administrators of Your estate;
- 2) all to Your surviving Spouse;
- 3) if Your Spouse does not survive You, in equal shares to Your surviving children; or
- 4) if no child survives You, in equal shares to Your surviving parents.

In addition, We may, at Our option, pay a portion of Your Life Insurance Benefit up to \$500 to any person equitably entitled to payment because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.

## **BENEFICIARY DESIGNATION:**

How do I designate or change my beneficiary?

You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us and filing the form with the Trust. Only satisfactory forms sent to the Trust prior to Your death will be accepted.

Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change from the Trust.

In no event may a beneficiary be changed by a power of attorney.

### **CLAIM DENIAL:**

What notification will my beneficiary or I receive if a claim is denied?

If a claim for benefits is wholly or partly denied, You or Your beneficiary will be furnished with written notification of the decision. This written notification will:

- 1) give the specific reason(s) for the denial;
- 2) make specific reference to the provisions upon which the denial is based;
- 3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.

### **CLAIM APPEAL:**

What recourse will my beneficiary or I have if a claim is denied?

On any claim, the claimant or his or her representative may appeal to Us for a full and fair review. To do so, he or she:

- 1) must request a review upon written application within:
  - a) 180 days of receipt of claim denial if the claim requires Us to make a determination of disability; or
  - b) 60 days of receipt of claim denial if the claim does not require Us to make a determination of disability; and
- 2) may request copies of all documents, records and other information relevant to the claim; and
- 3) may submit written comments, documents, records and other information relating to the claim.

We will respond in writing with Our final decision on the claim.

## **INCONTESTABILITY:**

When can The Policy be contested?

Except for non-payment of premiums, the Life Insurance Benefit of The Policy cannot be contested after two years from the Policy Effective Date.

No statement made by You relating to Your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during Your lifetime. In order to be used, the statement must be in writing and signed by You and a copy will be provided to You or Your beneficiary.

## **ASSIGNMENT:**

Are there any rights of assignment?

You have the right to assign all of Your rights and interest under The Policy including, but not limited to, the following:

- 1) the right to make any contributions required to keep the insurance in force;
- 2) the right to convert; and
- 3) the right to name and change a beneficiary.

We will recognize any assignment made by You under The Policy effective on the date the assignment is signed, subject to action taken by Us prior to receipt of notice of assignment, provided:

- 1) it is duly executed; and
- 2) a copy is acknowledged and on file with Us.

We and the Policyholder assume no responsibility:

- 1) for the validity or effect of any assignment; or
- 2) to provide any assignee with notices which We may be obligated to provide to You.

## **LEGAL ACTIONS:**

When can legal action be taken?

Legal action cannot be taken against Us sooner than 60 days after the date written Proof of Loss is furnished

**WORKERS' COMPENSATION:**

How does The Policy affect Workers' Compensation coverage?

The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

**MISSTATEMENTS:**

What happens if facts are misstated?

If material facts about Your age or sex were not stated accurately:

- 1) the premium may be adjusted; and
- 2) the true facts will be used to determine if, and for what amount, coverage should have been in force.

**ENTIRE POLICY:**

The rights of the Policyholder, Your rights, or the rights of Your beneficiary under this Policy shall not be affected by any provision other than one contained in The Policy, including Your certificate of insurance, or any riders or endorsements hereon or in any amendments hereto signed by the Policyholder and The Company, or in the copy of the Policyholder's application attached to this Policy or in the individual statements, if any, submitted by You in connection therewith. All statements made by the Policyholder or persons insured under this Policy in the application for the issuance, renewal or reinstatement of coverage will be deemed representations and not warranties.