

GUIDE TO YOUR **DEATH BENEFITS**

THE BENEFITS PLAN OF THE PRESBYTERIAN CHURCH (U.S.A.)





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Death Benefits

Death benefits from the Benefits Plan of the Presbyterian Church (U.S.A.) provide financial protection for eligible survivors against unexpected loss of income if you or your covered dependent dies. Death benefits coverage is provided through the Death and Disability Plan and the Term Life and Accidental Death and Dismemberment Plan.

DEATH AND DISABILITY PLAN

Your death benefits through the Death and Disability Plan may include several components, depending on your employment status when you die:

- Salary continuation
- Lump-sum death benefit
- Children's education benefit
- Living needs benefit
- Supplemental death benefits coverage

TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT PLAN

The Term Life and Accidental Death and Dismemberment Plan can provide death benefits if you are not enrolled in the Death and Disability Plan and your employer enrolls you for this coverage.

Death and Disability Plan

Death benefits through the Death and Disability Plan are designed to protect eligible survivors against the unexpected loss of income when you or a covered dependent dies. There are several types of death benefits included in the Death and Disability Plan:

- Salary continuation
- Lump-sum death benefit
- Children's education benefit
- Living needs benefit
- Supplemental death benefits coverage

ELIGIBILITY AND ENROLLMENT

If you are a minister serving in an installed position, your employer must enroll you in the Congregational Pastors Package or Transitional Pastor's Participation, which automatically include enrollment in death benefits coverage through the Death and Disability Plan.

If you are enrolled in the Covenant Package, you are automatically enrolled in death benefits coverage through the Death and Disability Plan.

If you are a non-minister employee regularly scheduled to work at least 20 hours weekly, you are eligible for death benefits coverage when:

- your employer enrolls employees in your benefit group, and
- your employer's dues for this coverage are current

If you are eligible for this coverage, your employer will enroll you; you do not need to take any action unless your employer offers supplemental death benefits coverage which requires you to make an election.

You must satisfy any waiting periods that your employer requires before coverage begins. Coverage is delayed when you are not able to perform your regular work or daily responsibilities due to health-related reasons on the date coverage would otherwise begin.

COST

Except for supplemental death benefits coverage, death benefits coverage through the Death and Disability Plan — salary continuation, lump-sum death, children's education, and living needs benefits — is always noncontributory. This means that you do not contribute toward the cost of coverage; the entire cost is funded through dues paid by employers and investment earnings. However:

- If you are enrolled in Ministers Bridge Coverage, you pay the full cost.
- If you elect supplemental death benefits coverage, you may be required to share in the cost. Costs for coverage are in the supplemental death benefits section of this booklet.

HOW LONG COVERAGE LASTS

You retain your coverage as long as you remain active, including when you end eligible service at one PC(USA) employer and immediately begin at another. When you retire from active service, your death benefits coverage in effect at that time continues with limited benefits, as described later in this booklet.

`Death Benefits at a Glance									
Your status	Salary continuation	Lump-sum	Living needs	Children's education	Supplemental death				
Active	Eligible	Eligible	Eligible	Eligible	Eligible to apply				
Disabled (if enrolled in the Death and Disability Plan when disability is determined)	Eligible	Eligible	Eligible	Eligible	Eligible to continue if participating when disability is determined				
Ministers Bridge Coverage (if enrolled in the Congregational Pastors Package, Covenant Package, or Transitional Pastor's Participation)	Eligible to elect for limited duration	Eligible to elect for limited duration	Eligible to elect for limited duration	Eligible to elect for limited duration	Eligible to continue				
Retired (if enrolled in the Death and Disability Plan at retirement date)	Not eligible	Eligible for limited benefits	Not eligible	Eligible if you retire from active service	Eligible to continue until age 70 if participating at retirement				
Terminated (if enrolled in the Death and Disability Plan at time of termination) and left employment after age 55	Not eligible	Eligible for limited benefits	Not eligible	Not eligible	Not eligible				

Note: Eligibility is subject to the terms and limitations of the benefits as explained in this book and defined in the Benefits Plan document (available on pensions.org).

If you are enrolled in the Death and Disability Plan, the amount and type of death benefits paid to your beneficiaries depends on your employment status when you die:

• If you are **actively employed** by a PC(USA) or affiliate employer, your beneficiaries may receive salary continuation, lump-sum death benefits, children's education benefits, and supplemental death benefits if you or your employer elected them.

- If you are **receiving disability benefits from the Death and Disability Plan** when you die, the death benefits coverage in effect when your disability began (as determined by the Board) continues while you are disabled; no additional enrollment is required.
- If you are enrolled in **Ministers Bridge Coverage**, your death benefits coverage may continue for a limited time, at your expense, if you so elect.
- If you are **retired** and enrolled in the Death and Disability Plan when you begin receiving Defined Benefit Pension Plan benefits, your designated beneficiaries may receive limited death benefits, as described later in this booklet.
- If you **terminate** service with a PC(USA) or affiliate employer and are enrolled in the Death and Disability Plan, are not receiving disability benefits under the plan, and are age 55 or older when you stop working, your beneficiaries may receive limited death benefits, as described later in this booklet.

SALARY CONTINUATION BENEFIT

Amount of benefit

If you die while actively employed or receiving disability benefits under the Death and Disability Plan, your designated beneficiary(ies) receives a salary continuation benefit equal to the disability benefits basis, payable in 12 equal monthly installments after your death. If you designate more than one beneficiary, the benefit is paid equally to those beneficiaries unless you designate otherwise in writing.

DISABILITY BENEFITS BASIS

The disability benefits basis is the greater of your effective salary as reported to the Board up to the IRS annual compensation limit or the median effective salary (prorated for part-time employment) at the time of your death.

LUMP-SUM DEATH BENEFIT

Amount of benefit

If you have eligible survivors

If you die while actively employed or while receiving disability benefits from the Death and Disability Plan, your eligible dependents receive a lump-sum death benefit. If you retire or leave active employment with a PC(USA) or affiliate employer after turning age 55, you may also be eligible for this benefit.

For retired and eligible former members, the benefit is a one-time payment of \$12,500. If your employment status is active or disabled, the lump-sum death benefit is equal to the disability benefits basis, multiplied by a percentage based on your age at death, as shown in the following chart.

Lump-sum death benefit percentage (if you have eligible survivors)*							
Age at death Benefit % Age at death Benefit %							
Under age 31	400	48 but under 49	220				
31 but under 32	390	49 but under 50	210				
32 but under 33	380	50 but under 51	200				
33 but under 34	370	51 but under 52	190				
34 but under 35	360	52 but under 53	180				
35 but under 36	350	53 but under 54	170				
36 but under 37	340	54 but under 55	160				
37 but under 38	330	55 but under 56	150				
38 but under 39	320	56 but under 57	145				
39 but under 40	310	57 but under 58	140				
40 but under 41	300	58 but under 59	135				
41 but under 42	290	59 but under 60	130				
42 but under 43	280	60 but under 61	125				
43 but under 44	270	61 but under 62	120				
44 but under 45	260	62 but under 63	115				
45 but under 46	250	63 but under 64	110				
46 but under 47	240	64 but under 65	105				
47 but under 48	230	65 and over	100				

^{*}If you have no eligible survivors, a lump-sum death benefit equal to 100% of the disability benefits basis on which dues were being paid at the time of your death is payable to your estate.

Payment of benefits

The lump-sum death benefit is paid to your survivors in the following order:

- 1. your surviving spouse, if you were married at least one year before your death
- 2. your unmarried dependent children under age 26 and unmarried totally disabled children 26 or older if totally disabled before age 26, if they were dependent on you for support on the date of your death and during the preceding 12 months
- 3. your dependent parents
- 4. your unmarried dependent siblings under age 26 and unmarried totally disabled siblings 26 or older if totally disabled before age 26, if they were dependent on you for support on the date of your death and during the preceding 12 months

If you do not have eligible survivors

If, when you die, you do not have eligible survivors, as described above, the lump-sum death benefit is paid to your estate. The benefit amount is equal to 100% of the disability benefits basis on which dues were being paid at the time of your death.

CHILDREN'S EDUCATION BENEFIT

Your eligible children may receive this benefit if, at the time of your death, you are an active member enrolled in the Death and Disability Plan or receiving disability benefits from the plan.

If you are a minister enrolled in the Covenant Package, the Congregational Pastors Package, or Transitional Pastor's Participation and your employment ends, your eligible children under age 25 are eligible for this benefit if your death occurs during the 30-day window of no-cost death benefits coverage following your termination date.

This benefit is also included in the Term Life and Accidental Death and Dismemberment Plan.

Amount of benefit

The plan pays a children's education benefit of up to \$10,000 annually to each eligible child under age 25, for up to the first four years of study beyond high school after your death while the child is a student at an accredited school, college, university, or other institution of higher learning. The maximum aggregate benefit for any one eligible child is \$40,000.

The plan does not pay benefits for study before the date you died.

Although this benefit is not intended to cover graduate studies, the Board may grant the education benefit for one year of graduate study if a child completes post-secondary study in three years.

- If your child enrolls for post-secondary study after you die, they are eligible for the education benefit for up to four years (or the maximum aggregate benefit) if they complete the study before age 25.
- If your child is enrolled in four-year post-secondary study and has completed two years when you die, they are eligible for the education benefit for up to two years if they complete the study before age 25.

Payment of benefit

The Board pays children's education benefits monthly, directly to the student, over a 12-month period. For students in semester-based programs, the following payment schedule applies:

- fall semester: six payments, October through March
- spring semester: six payments, April through September

The school registrar must verify with the Board, in writing, student status initially and periodically thereafter, and can return any form of verification on official school letterhead or clearinghouse letterhead to the Board.

Children who are eligible for the children's education benefit should contact the Board when they are planning for higher education. The Board tries to identify and notify all eligible children when they reach age 17 that this benefit is available.

LIVING NEEDS BENEFIT

If you become terminally ill, the living needs benefit offers you the option to receive some of your death benefits before you die to help pay expenses during the final stage of your illness. If you are an active member or receiving disability benefits under the Death and Disability Plan, you can apply for this benefit if:

- you have been covered under the plan for at least two years
- your physician certifies that you are expected to live no more than 24 months, and
- your terminal condition is not related to an intentional self-inflicted injury

This benefit is not available to retired or former members.

TERMINAL ILLNESS

A terminal illness means a medical condition that makes it nearly certain that, even with appropriate medical care, you are not expected to live for more than 24 months. This definition is based on the Internal Revenue Code provisions that exclude this type of benefit from federal income tax under certain conditions.

Amount of benefit

When applying for the living needs benefit, you may request:

- the present value of up to 100% of your salary continuation benefit, and/or
- 75% of your lump-sum death benefit (your disability benefits basis)*

The present value, also called the actuarial present value, is the value of future benefit payment expressed in present dollars. This is calculated using various assumptions, such as age, life expectancy, and interest, as recommended by the Benefits Plan actuary. These factors are applied to the face value of your coverage when you request the benefit. The plan's mortality and interest assumptions determine the cost of the plan.

*The disability benefits basis is the greater of effective salary, as reported to the Board, or the median effective salary, up to the IRS annual compensation limit, as of the date any benefits payments begin.

Payment of benefit

The Board will pay the living needs benefit in a lump sum based on the value or amount at the time the physician certifies that you are terminally ill. The Board will pay this benefit only to you, not another person or entity.

If the Board approves your living needs benefit application, the Board pays the benefit from the funds available under the salary continuation benefit first. If you request an amount that is more than your salary continuation benefit, the Board pays the balance from the amount available under the lump-sum death benefit. You cannot designate any other order.

Effect on other benefits

The Board will deduct the amount of your living needs benefit from death benefits payable when you die and will reduce your death benefit by the amount you receive from the living needs benefit.

If you elect the living needs benefit, other benefits from the Benefits Plan and Housing and Assistance Programs will not be affected.

After receiving the living needs benefit, you may wish to change your beneficiary designations. Log on to Benefits Connect to review the beneficiary designations on file with the Board and determine whether you should modify them.

There is no penalty for outliving your medical adviser's expectations. Your death benefits will be offset at the time of your death, whenever it occurs.

When benefits are not paid

The living needs benefit is not available if:

- your death and disability benefits coverage has been in effect for less than two years
- your illness or injury was caused by an intentional self-inflicted injury
- you are required by law to use your death benefits to meet creditors' claims, whether in bankruptcy or otherwise, or
- you are required by a government agency to use the benefit to apply for, get, or keep a government benefit or entitlement

Applying for benefits

If you believe that you are eligible to receive a Living Needs Benefit, you should request a living needs benefit kit from the Board. Your request must be in writing and include your signature. The Board will mail you the necessary forms and information, including the estimated amount available from your salary continuation and lump-sum death benefits. It also will list your currently designated beneficiary(ies). Although your physician must supply information, the Board may also require a second medical opinion (at its expense).

To request the living needs benefit, read the kit thoroughly, consider all relevant factors, and carefully complete the forms. Before you submit the completed request to the Board, you may want to discuss with your designated beneficiary(ies) your decision to use a portion of your death benefits now.

You can only receive a living needs benefit one time. You must apply for both the salary continuation benefit and the lump-sum death benefit at the same time.

Considerations

- Receiving the living needs benefit may adversely affect your eligibility for certain government entitlements based on individual net worth. You should consider the requirements for each entitlement carefully before applying for the living needs benefit.
- Receiving this benefit may increase the value of your estate at the time of your death and the estate tax due on your estate.

- Living needs benefit is not taxable for federal income tax purposes but may be subject to state income tax. The Board cannot provide individual tax or financial advice. You should consult with a financial or tax professional about the taxability of this benefit in your state of residence.
- Consider your present needs and the needs of your dependents after you die. Government programs that are available to you now (for example, Social Security disability income) may not be available to your dependents after your death.

Term Life and Accidental Death and Dismemberment Plan

Your employer may provide Term Life and Accidental Death and Dismemberment Plan coverage to you and all eligible employees in your benefit group if you work at least 20 hours per week and do not have coverage through the Death and Disability Plan.

ELIGIBILITY AND ENROLLMENT

Your employer may provide the Term Life and Accidental Death and Dismemberment Plan to employees in your benefit group. In addition, you must:

- be regularly scheduled to work at least 20 hours per week, and
- not be enrolled in the Death and Disability Plan

If your employer provides this coverage, you will be automatically enrolled. The only action you need to take is to designate a beneficiary to receive death benefits (see Designating Beneficiaries).

You do not have to provide a health statement, also known as evidence of insurability, to receive term life and accidental death and dismemberment coverage.

Term life and accidental death and dismemberment coverage may not be converted to an individual policy and is not available during retirement.

HOW LONG COVERAGE LASTS

Coverage continues as long as your employer provides it and ends when your employment ends or your employer stops providing the coverage.

COST

The cost of term life and accidental death and dismemberment coverage is fully paid by your employer.

Amount of benefit

Your employer selects the amount of Term Life and Accidental Death and Dismemberment Plan coverage provided, which can be:

- a fixed amount of coverage: \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, or \$50,000, or
- an income-based benefit amount equal to one or two times your effective salary up to a maximum of \$200,000

TERM LIFE BENEFITS

If you die while enrolled in the Term Life and Accidental Death and Dismemberment Plan, a lump-sum term life benefit equal to 100% of your coverage amount is paid to your designated beneficiary or eligible survivors.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFITS

AD&D benefits are payable in addition to term life benefits if you die or suffer certain injuries, such as the loss of a limb, sight, or hearing, as a result of an accident.

Amount and payment of benefits

If your death is caused by accidental means, an accidental death benefit equal to 100% of your coverage amount is paid to your designated beneficiary *in addition to term life benefits*. The maximum aggregate benefit amount (term life benefit + accidental death benefit) is \$400,000, exclusive of any child education benefit.

Accidental dismemberment benefits are paid to you. The benefit amount depends on the type of loss, as shown below. If multiple injuries occur from the same accident, the dismemberment benefit is capped at 100% of your coverage amount.

Covered loss	AD&D benefit amount
Accidental death	100% of coverage amount
Both hands or both feet or sight of both eyes	100% of coverage amount
One hand and one foot	100% of coverage amount
One hand or one foot and sight of one eye	100% of coverage amount
Speech and hearing	100% of coverage amount
One hand or one foot	50% of coverage amount
Sight of one eye	50% of coverage amount
Speech or hearing	50% of coverage amount
Thumb and index finger of same hand	25% of coverage amount

If your death results from a covered accident, a children's education benefit of up to \$10,000 a year is paid to each dependent child under the age of 25, for up to a total of four years of full-time study beyond high school after your death. For details, see Children's Education Benefit in this booklet.

WHEN BENEFITS ARE NOT PAID

The Term Life and Accidental Death and Dismemberment Plan will not pay benefits if an accidental death or accidental injury is caused by or results from any of the following:

- suicide or self-inflicted injury
- active participation in a riot
- attempting to commit or committing a crime
- use of prescription or nonprescription drugs, poison, fume, or other chemical substance unless used according to the prescription or as directed by your medical provider
- disease or diagnostic, medical, or surgical treatment, or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders
- intoxication
- declared or undeclared war or any act of war
- failure to use and properly fasten a seatbelt (where available) at the time of the accident
- use of a private passenger car with installed air bags that are not operational for the seat in which you are seated

Supplemental Death Benefits

Your employer may offer supplemental death benefits coverage to enhance your death benefits under the Death and Disability Plan with additional survivor protection. Term Life and Accidental Death and Dismemberment Plan benefits may also be enhanced through supplemental death benefits coverage.

You can apply for this coverage for yourself, your spouse, and your eligible children.

When deciding whether to apply for supplemental death benefits coverage, you should consider shortand long-term needs, as well as any additional sources of income that may be available, including the following:

- the family's need for income to replace your or your spouse's income if either of you dies
- additional expenses that will result from your or your spouse's death, e.g., child care
- future expenses, such as college tuition and retirement
- unplanned expenses, such as funeral costs, a move, or the expense of searching for a job to earn replacement income

ELIGIBILITY AND ENROLLMENT

You can apply for, increase, or discontinue supplemental death benefits coverage through Benefits Connect as follows:

- when you first enroll in the Benefits Plan
- within 60 days of a qualifying life event
- during Annual Enrollment, for coverage effective the first of the following year

To apply for this coverage, you must be enrolled for death benefits through the Death and Disability Plan or for Term Life and Accidental Death and Dismemberment Plan coverage. If you maintain active or disabled status, or are enrolled in Ministers Bridge Coverage, you do not need to reapply during Annual Enrollment each year unless making changes to coverage.

This coverage is available to you, your spouse, and eligible children up to age 26, as long as you are in active service with a PC(USA) or affiliate employer. Eligible children include your natural children, legally adopted children, stepchildren, and related children under legal custody. Dependent, totally disabled children who are covered under the plan before they reach age 26 also are eligible.

Coverage for children includes all eligible children. You do not have to be enrolled for supplemental death benefits coverage to apply for coverage for a spouse or eligible children.

When both you and your spouse are enrolled in the Benefits Plan, you cannot be enrolled in this coverage as the member and a spouse. However, you can transition to spouse coverage (subject to the spouse coverage limit) without medical underwriting if you are ending active employment but become eligible as the spouse.

Evidence of insurability

When you apply for supplemental death benefits coverage for yourself and/or your spouse, you and/or your spouse may be prompted to complete online health statements, called evidence of insurability.

- If you apply for coverage of \$25,000 or \$50,000 for yourself when you are first eligible, you do not need to provide evidence of insurability; however, it is required at any other time for all coverage amounts regardless of when you enroll.
- Your spouse will always need to provide evidence of insurability, regardless of the coverage amount.
- You do not need to provide evidence of insurability for any children's coverage.

HOW LONG COVERAGE LASTS

Coverage begins (pending approval of amounts that require evidence of insurability) the same date as Benefits Plan participation if you apply when first enrolling in the Benefits Plan. To begin coverage at the start of service with a different PC(USA) or affiliate employer, you must apply within 60 days of starting the new service. When you apply during Annual Enrollment, coverage begins Jan. 1 of the next year.

You must meet any waiting period established by your employer before coverage begins. Coverage for you is delayed if you are not actively at work on the date coverage would otherwise begin. Coverage for your spouse is delayed when they are unable to perform their regular work or daily responsibilities due to health-related reasons or are confined in a healthcare facility on the date coverage would otherwise begin.

You retain your and your family's coverage as long as you remain actively at work, including when you end eligible service at one PC(USA) employer and immediately begin at another.

If you are receiving disability benefits from the Death and Disability Plan, coverage in effect when your disability was determined may continue.

If you have coverage for yourself, your spouse, and/or your children when you retire, you may continue all coverage at the same or lesser amounts until you reach age 70. Spouses can continue their coverage until age 70. Children can continue their coverage until age 26. If you participate in the Defined Benefit Pension Plan, the cost for supplemental death benefits coverage after you retire is deducted directly from your pension check.

If you die, spouse and/or child coverage ends as of the date of your death. Spouse coverage also ends in the case of a divorce or dissolution of marriage, effective the date of the event.

COVERAGE LEVELS

There are different coverage levels available to you, your spouse (if you are married), and your eligible children.

Membe	rs						
\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
Spouses	;						
\$25,000	\$50,000	\$75,000	\$100,000				
Children (covers all eligible children in the family, as defined in the Benefits Plan)							
\$10,000	\$20,000						

COVERAGE COSTS

The cost of the coverage is determined by nicotine product use (including but not limited to nicotine, nicotine replacement products, cigarettes, e-cigarettes, vape pens, cigars, and chewing tobacco), coverage amount, and age. In the first year of participation, the cost is based on your age on the date coverage begins. After that, the cost is based on your age as of Jan. 1 each year.

Your employer may require you to pay the cost for supplemental death benefits or may contribute to all or part of its cost. The Board will bill your employer for coverage and the appropriate charges, if any, will be deducted from your paycheck.

Changes in nicotine use

You are responsible for notifying the Board if your or your spouse's nicotine use changes. If you begin using nicotine products, you must notify the Board, so rates are adjusted appropriately. If you quit using nicotine products, you should notify the Board after remaining nicotine-free for 12 months to qualify for lower rates. Report changes in nicotine use by calling the Board at 800-PRESPLAN (800-773-7752) (TTY:711).

NICOTINE-FREE ANNUAL COSTS									
A	Member or Spouse Costs				Member-Only Costs				
Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
29 and under	11	23	34	46	69	92	115	138	
30-34	14	29	43	58	87	116	145	174	
35-39	18	37	55	73	110	147	184	220	
40-44	23	46	69	92	138	184	230	275	
45-49	34	69	103	138	207	275	344	413	
50-54	53	106	158	211	317	422	528	633	
55-59	99	197	296	395	592	789	987	1,184	
60-64	151	303	454	606	909	1,212	1,515	1,818	

NICOTINE-FREE ANNUAL COSTS (cont.)										
65-69	241	482	723	964	1,446	1,928	2,410	2,892		
70-74	367	734	1,102	1,469	2,203	2,938	3,672	4,406		
75-79	448	895	1,343	1,790	2,685	3,580	4,475	5,370		
80-84	473	946	1,418	1,891	2,837	3,782	4,728	5,673		
85-89	473	946	1,418	1,891	2,837	3,782	4,728	5,673		
90-94	473	946	1,418	1,891	2,837	3,782	4,728	5,673		
95+	473	946	1,418	1,891	2,837	3,782	4,728	5,673		
		NI	COTINE U	ISER ANI	IUAL COST	rs .				
0.00	Г	Member or S	Spouse Cost	s		Member-	Only Costs			
Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000		
Under 29	18	35	53	71	106	141	177	212		
30-34	25	49	74	98	147	196	246	295		
35-39	32	64	96	129	193	257	321	386		
40-44	48	95	143	190	285	380	475	570		
45-49	82	164	246	328	492	655	819	983		
50-54	146	292	439	585	877	1,170	1,462	1,754		
55-59	252	504	755	1,007	1,511	2,014	2,518	3,021		
60-64	306	612	918	1,224	1,836	2,447	3,059	3,671		
65-69	402	805	1,207	1,609	2,414	3,219	4,023	4,828		
70-74	591	1,183	1,774	2,366	3,549	4,731	5,914	7,097		
75-79	671	1,342	2,012	2,683	4,025	5,367	6,708	8,050		
80-84	890	1,780	2,669	3,559	5,339	7,118	8,898	10,677		
85-89	1,178	2,356	3,534	4,712	7,068	9,424	11,780	14,136		
90-94	1,513	3,026	4,539	6,052	9,079	12,105	15,131	18,157		
95+	1,844	3,689	5,533	7,378	11,067	14,756	18,445	22,134		
ALL ELIGIBLE DEPENDENT CHILDREN IN THE FAMILY										
\$10,000 Coverage \$20,000 Coverage										
\$14 annuall	у			\$27	annually					

Costs for all eligible Dependent Children in the Family as defined by the Benefits Plan

Note: Displayed costs may be rounded.

Designating beneficiaries

You should designate beneficiaries on Benefits Connect when first enrolled for death benefits coverage, or Term Life and Accidental Death and Dismemberment Plan coverage, or when applying for supplemental death benefits coverage. It is important to regularly review and update beneficiary designations when appropriate so that your death benefits are paid as you intend. You can name any person, institution, or trust as a primary or secondary beneficiary. Secondary beneficiaries receive the benefit only when all primary beneficiaries are deceased, or an institution (if designated) no longer exists.

You may specify the proportions for dividing the benefits among beneficiaries. The percentages must total 100% for primary and 100% for secondary. If percentages are not specified, the beneficiaries will receive equal portions.

If one or more primary beneficiaries predecease you, the benefit is divided proportionately among the surviving primary beneficiaries unless specifically designated otherwise. If all primary beneficiaries predecease you, the Board pays benefits to the secondary beneficiaries. If all primary beneficiaries predecease you and one or more of the secondary beneficiaries predecease you, the benefit is divided proportionately among the surviving secondary beneficiaries.

For supplemental death benefits for spouses and children, the beneficiaries will be the participating member as primary and the estate as the secondary beneficiary.

Beneficiary designations can be different for death benefits provided under the Death and Disability Plan and those under supplemental death benefits coverage and Term Life and Accidental Death and Dismemberment Plan coverage. Beneficiary designations for each plan must be completed online through Benefits Connect, the Board's benefits website.

Applying for and receiving benefits

Generally, when your family member or survivor reports your death to the Board of Pensions, the Board sends a Death Benefits Claim form to your spouse and/or when applicable, covered dependents. The beneficiary or executor may also request this claim form, as well as assistance with completing the form, from the Board by calling 800-PRESPLAN (800-773-7752) (TTY:711) and asking to speak to a service representative. The Board of Pensions requires a copy of the death certificate before benefits can be paid. After it receives the required documentation, the Board can begin payment of the death benefits.

PAYMENT OF BENEFITS

Generally, death benefits are payable to your named beneficiaries. If you do not designate a beneficiary or no named beneficiary survives you, the Board will pay salary continuation benefits, supplemental death benefits for you, term life, and accidental death benefits in equal shares to eligible survivors in the following order, as set forth in the plan:

- 1. Your surviving spouse, provided you were married at least one year before your death
- 2. Your children, regardless of dependency or age
- 3. Your estate

Lump-sum death benefits are payable to your eligible survivors as explained in the Lump-Sum Death Benefit section of this guide.

Supplemental death benefits for a covered spouse or child are payable to you in one lump sum.

APPEALING A DENIED CLAIM

If all or part of the claim for benefits is not processed, the beneficiary receives a written notice from the Board of Pensions. This notice can include the following:

- the reason that the benefit is not payable, including specific plan provision(s) that prevent payment of a benefit (if applicable)
- a request for additional information, if needed for the claim to be reconsidered
- an explanation of the appeals procedures

If a beneficiary disagrees with the decision, he or she may appeal. For more information about the appeals process, please call 800-PRESPLAN (800-773-7752) (TTY:711) and ask for a copy of the appeals process guidelines.

Contact information

The Board of Pensions of the Presbyterian Church (U.S.A.)

Toll-free: 800-PRESPLAN (800-773-7752) (TTY:711)

To expedite processing and service, please email requests and documents to

memberservices@pensions.org. For assistance, call the Board at 800-PRESPLAN (800-773-7752)

(TTY:711).

2000 Market St.

Philadelphia, PA 19103-3298

Monday-Friday (except holidays) 8:30 a.m.-7 p.m. ET

Main number: 215-587-7200

Fax: 215-587-6215 Website: pensions.org

Plan amendment and termination

The right to amend the Benefits Plan is reserved solely for the Board of Pensions. The Board notifies the General Assembly, plan members, employers, and presbyteries of changes to the Benefits Plan in a manner that is reasonable and appropriate depending on the nature of the changes.

Although members' employers and the Board of Pensions expect and intend to continue the Benefits Plan indefinitely, they reserve the right to modify, end, or suspend this plan and its provisions at any time by action of the Board of Directors.



2000 Market Street Philadelphia, PA 19103-3298 800-PRESPLAN (800-773-7752) (TTY: 711)

pensions.org