

28 JANUARY 2002



Services

**NONAPPROPRIATED FUND GROUP LIFE
AND ACCIDENTAL DEATH AND
DISMEMBERMENT PLAN**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: HQ AFSVA/SVXB
(Ms Georgia A. LeBlanc)
Supersedes AFI 34-306, 22 July 1994

Certified by: HQ USAF/SVX
(Mr Tony Jurney)
Pages: 16
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This instruction implements AFD 34-3. It gives the requirements and procedures for managing and administering the Air Force Nonappropriated Fund Employee Group Life and Accidental Death and Dismemberment Plan (AFNAF Life and AD&D Plan). It directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by 10 U.S.C. 8013. System of records notice F176 AF MP B, Nonappropriated Fund (AFNAF) Employee Insurance and Benefits System File, applies.

This revision incorporates Interim Change IC2002-1. This change provides new guidance regarding insurance and benefits for employees given military furloughs. A bar (|) indicates revision from the previous edition.

Section A—Plan Definition and Purpose

1. Definition. The AFNAF Life and AD&D Plan is a commercially insured plan. This means that Air Force Services Agency (AFSVA) purchases life and accidental death and dismemberment insurance from a commercial insurance company. The costs of the commercial insurance and administrative expenses of the plan are paid from the Air Force Insurance Fund (AFIF), using the employee and employer contributions deposited in the Fund.

2. Purpose. The purpose of the AFNAF Life and AD&D Plan is to provide a way for Air Force Nonappropriated Fund Instrumentalities (NAFIs) to assist their employees in maintaining a measure of security for themselves and their beneficiaries in the event of death or accidental injury.

Section B—Management and Administration

3. Levels of Management and Administration:

3.1. HQ AFSVA/SVXB provides general oversight, management, and day-to-day administration of the plan and the continuing coverage program and publishes instructional material.

3.2. Human Resources Offices (HROs) perform base-level administration as instructed in the Employee Benefits Administration Manual (Aetna Manual), AFI 34-301, NAF Personnel Management and Administration, and this AFI.

3.3. Payroll Offices process the collection and forwarding of employee and employer contributions associated with plan participation as instructed in AFM 176-378, Standard Accounting Procedures for Nonappropriated Funds (Mechanized) and this AFI.

4. Obtaining Information. If you have problems or questions, do the following:

4.1. Forward technical questions, requests for additional information, and comments pertaining to the management and administration of the plan to HQ AFSVA/SVXB, ATTN: Group Insurance, 10100 Reunion Place, Suite 502, San Antonio TX 78216-4138.

4.2. Direct inquiries related to the filing, status, or payment of claims to the insurance company at the toll-free number, 1-800-523-5065.

Section C—Human Resources Office Responsibilities

5. Determine Eligibility. Determine if an employee is eligible to participate. The employee must be:

5.1. Hired as a regular NAF employee, including regular off-duty enlisted United States military personnel.

5.2. Paid on the United States dollar payroll.

6. Counseling:

6.1. Counsel eligible employees about the plan provisions described in the Summary Plan Description (SPD) and answer related questions so they can make an informed decision about whether or not to enroll. Tell employees they may enroll in the AFNAF Life and AD&D Plan and elect not to enroll in the AFNAF Employee Group Health Plan.

6.2. Also counsel enrolled employees on these specific items:

6.2.1. Effective date of coverage and payroll deductions.

6.2.2. Contribution rates.

6.2.3. Continuing coverage programs available to employees losing coverage because of separation, retirement, base closure, business based action, or reclassification to an ineligible employment category. Refer to the Summary Plan Description for eligibility requirements and the Aetna Manual for enrollment instructions.

6.2.4. Conversion privilege available to employees losing coverage.

7. Aetna Manual. You must refer to and follow the additional instructions contained in the Aetna Manual when you use the instructions in this AFI. You must use the two documents together to properly administer the plan.

8. Payroll Actions. Use AF Form 2545 , NAFI Notification of Personnel Action, to document employee participation in the plan and to notify the payroll office of actions, including the group insurance plan

code ([Attachment 4](#)), group insurance class code ([Attachment 3](#)), date payroll deductions begin or end, leave without pay, and cancellation of coverage.

9. Enrollment. Enroll employees according to the instructions in the Aetna Manual, Life Enrollment, Section 5, and notify payroll of the employee's election of coverage. If the employee elects to enroll for life and AD&D coverage and waive enrollment in the health plan, follow instructions in [11.](#) to document the waiver of health coverage.

9.1. To enroll an employee who requests coverage within 30 days of hire or reclassification to an eligible employment status:

9.1.1. Give the employee the life enrollment card to complete.

9.1.2. Sign the card upon completion and file it permanently in the Official Personnel Folder (OPF).

9.1.3. Tell the employee the effective date of coverage is the 31st day after his or her date of hire or reclassification.

9.1.4. Tell the employee payroll deductions begin with the pay period during which coverage becomes effective.

9.2. To enroll an employee who requests coverage after the 30-day period indicated in [9.1.](#)

Complete the employer section on an evidence of insurability (EOI) form and give it to the employee. Make a copy of the EOI form for your records and suspense the copy for follow-up in 6 weeks.

Tell the employee to complete and return the enrollment card.

Tell the employee to complete all questions on the EOI form and mail it to the insurance carrier at the address indicated on the form.

Call the insurance carrier at (203) 636-4110 to determine the status of the EOI form if you do not receive a response within 6 weeks.

9.2.1. When you receive the approved evidence of insurability form, inform the employee of the effective date of coverage and the date payroll deductions begin:

9.2.1.1. Tell the employee coverage is effective on the first day of the month following the approval date, unless the approval date is the first day of the month. In this case, coverage is effective on the approval date.

9.2.1.2. Tell the employee payroll deductions begin with the pay period during which coverage is effective.

9.3. Portability. Enroll former appropriated fund (APF) employees who move to NAF employment according to the special instructions stated in the Aetna Manual, Section 3, Portability.

9.4. Special Instructions Related to Military Furlough. Immediately enroll NAF employees who request coverage upon return from military furlough according to [9.1.](#), with the following exception:

9.4.1. The effective date of coverage is the current date of hire.

10. Amount of Life Insurance. To determine the amount of life insurance and corresponding group insurance class code, calculate the employee's annualized rate of pay and refer to **Attachment 3**. To calculate the annualized rate of pay:

- 10.1. Multiply the employee's basic hourly rate by 2080.
- 10.2. Round the product to the next higher \$1,000, if applicable.

11. Waivers of Enrollment. If an employee initially declines coverage, tell the employee to complete and sign an Employee's Waiver of Group Coverage or Request for Discontinuance of Contributions Card. Sign the card as a witness and file it permanently in the employee's OPF.

12. Coverage Cancellation. Cancel an employee's coverage when he or she requests a discontinuance of coverage, terminates employment, or changes to an employment category ineligible for coverage.

12.1. Discontinuing Coverage. To cancel coverage when an employee requests a discontinuance of coverage:

- 12.1.1. Tell the employee to complete and sign an Employee's Waiver of Group Coverage or Request for Discontinuance of Contributions Card.
- 12.1.2. Sign the card as a witness and file it permanently in the employee's OPF.
- 12.1.3. Notify payroll to cancel coverage effective with the date the employee signed the card.

12.2. Termination or Change to Ineligible Employment Category. To cancel coverage when an employee's employment is terminated or changed to a category ineligible for coverage:

- 12.2.1. Notify payroll to cancel coverage effective with the date of termination or change.
- 12.2.2. Annotate the date of cancellation on the life enrollment card and file it permanently in the employee's OPF, unless the employee is eligible for continuing coverage as stated in the Summary Plan Description. *Note: If the employee is eligible for continuing coverage, forward required documentation to HQ AFSVA according to the Aetna Manual, Employee Transactions, Section 3.*

12.3. Special Considerations for Permanent and Total Disability. When an employee is permanently and totally disabled at the time coverage is cancelled, determine if he or she is eligible to apply for extended coverage according to the Summary Plan Description (SPD), Section 3, Life Insurance. The insurance company sends you a written notice of approval or disapproval for this coverage based on the employee's application. To apply for extended coverage, an eligible employee must mail the following forms to the insurance carrier as instructed in the Aetna Manual, Claims, Section 4:

- 12.3.1. Group Disability Form (GC-9007). Complete the employer portion of this form and make a copy before giving it to the employee. Suspend the copy for 6 weeks and call 1-800-523-5065 for follow-up information, if necessary.
- 12.3.2. Attending Physician's Statement (GC-485).
- 12.3.3. Copy of the current Beneficiary Card.

12.4. Leave Without Pay (LWOP).

- 12.4.1. When an employee in LWOP status fails to make required contribution payments or loses LWOP eligibility, cancel coverage on the first day of the pay period following the pay period in

which the employee did not make a contribution payment or lost LWOP eligibility. To cancel coverage, follow instructions in [12.2.](#), using the cancellation date stated in this paragraph.

12.4.1.1. Coverage remains in effect during LWOP only if an employee continues to pay the employee portion of the contribution. The contribution payment is made to the employing NAFI which pays the employer portion. The employee is solely responsible for the continued payment of the employee portion of the contribution.

12.4.1.2. The maximum period an employee may remain in the plan during a period of LWOP (for reasons other than illness or injury) is limited to 12 months, with the following exception: A regular employee granted LWOP due to the transfer of a head of household is entitled to remain in the plan for up to 150 days.

12.4.2. Special Instructions for Leave Without Pay Due to the Transfer of Head of Household. Counsel the employee prior to departure about continued participation in the plan while on LWOP and eligibility for continuing coverage programs upon termination of the LWOP or termination of coverage due to nonpayment of contributions.

If the employee does not wish to continue participation in the plan, notify payroll to cancel coverage.

If the employee wishes to continue participation in the plan, suspense a copy of the life enrollment card for 150 days. Notify payroll to cancel coverage when the employee reaches the 150-day limitation or fails to make the required contribution payment. In addition, notify HQ AFSVA of the employee's eligibility for the continuing coverage program, if applicable.

12.4.2.1. If an employee is rehired in an eligible employment category after the expiration of the LWOP period and elects to participate in the AFNAF Life and AD&D Plan, follow the enrollment procedures stated in [9.2.](#)

12.4.2.2. If an employee is rehired in an eligible employment category before the expiration of the LWOP, verify with the losing HRO that the employee made all required contribution payments and that coverage was not terminated. If the employee's account is current, request the insurance cards and forms on file in the OPF from the losing HRO. Notify payroll of the enrollment.

12.5. Military Furlough. Counsel an employee given military furlough for enlistment, induction, or recall to extended active duty that he or she and covered dependents are eligible to participate in the plan during the period of military furlough for up to 12 months, as outlined in [12.4.1.](#) Leave Without Pay (LWOP), provided the employee continues to pay the employee portion of the contribution.

12.5.1. Inform the employee if he or she is carried in military furlough status beyond the 12-month period, the employee and covered dependents are entitled to convert to individual policies at the end of the period. The employee and dependents must apply for policies within 31 days of the end of coverage, and they must have continued coverage during the entire 12-month period. The life insurance carrier will extend the application period an additional 60 days to an employee who cannot meet the 31-day application period due to difficulties related to active-duty deployment, provided the carrier receives a request for conversion from the employee, spouse, or close family member within 31 days of the end of the employee's coverage. The employee must send his

or her signed application and proof of active military service to the carrier during the 60-day extension period.

12.5.2. Inform the employee that, in the event coverage is terminated, he or she and dependents may immediately enroll in the plan upon the employee's return to AFNAF employment and no waiting period or pre-existing condition limitation is required.

12.6. Continuing Coverage Program. Employees who are losing coverage due to separation, base closure, business based action, retirement, or reclassification to an ineligible employment category may be eligible to continue participation in the group plan if they meet certain eligibility criteria.

12.6.1. Refer to the Summary Plan Description, Summary of Coverage, Section 1, to determine eligibility.

12.6.2. Notify HQ AFSVA of employees who are eligible to participate according to the Aetna Manual, Employee Transactions, Section 3.

12.7. Conversion of Group Life Insurance to an Individual Policy. Inform an employee losing coverage of the conversion privilege as described in the Summary Plan Description, Section 5, General Information. Follow instructions in the Aetna Manual, Conversion of Benefits, Section 6.1, if the employee wishes to convert group coverage to an individual policy.

13. Designated Beneficiary Change. If an employee wishes to change his or her designated beneficiary, follow instructions in the Aetna Manual, Life Enrollment, Section 5.

14. Transfers. Determine if an employee who transfers from one NAFI to another was enrolled for life and AD&D coverage and meets the eligibility criteria to continue participation in the life plan. Enroll an eligible employee who desires to continue participation as follows:

14.1. If an enrolled employee transfers without a break in service, the coverage continues without interruption and the employee is not subject to the 30-day waiting period. Notify the payroll office of the enrollment.

14.2. If an enrolled employee transfers with a break in service of one or more workdays, follow the enrollment procedures in 9.

15. Verification and Reconciliation. Using the NAF Group Insurance Detail List, PCN SH085-130, or other similar list provided by the payroll office each pay period, verify that employees' payroll deductions correspond with their elected coverages. Notify the payroll office of errors.

16. Employee Contribution Shortages. Immediately inform an employee that pay is insufficient to cover his or her life contribution when the payroll office notifies you of the employee's contribution shortage.

16.1. Instruct the employee to pay the shortage no later than the end of the pay period following the pay period in which the shortage occurred.

16.2. If the payroll office notifies you that the employee failed to pay the shortage, notify the employee and payroll office that coverage is cancelled. The effective date of the cancellation is the first day of the pay period immediately following the pay period in which the shortage occurred. The cancellation is conclusive, with the exception of extended disability coverage. See 12.3.

17. Administrative Supplies. Maintain a stock of administrative supplies, including Aetna forms and the Group Life and Accidental Death and Dismemberment Summary Plan Description. Order the supplies from the sources listed in [Attachment 2](#).

18. Claim Forms. To file a death claim or an accidental death and dismemberment claim, refer to the Aetna Manual, Claims, Section [4](#).

Section D—Payroll Office Responsibilities

19. Notification of Personnel Action. Use AF Form 2545 provided by the Human Resources Office to initiate employee and employer payroll deductions for life and accidental death and dismemberment coverage. The effective date shown on the form determines when payroll deductions start, stop, or change.

19.1. For enrollments, make payroll deductions start with the pay period during which coverage becomes effective.

19.2. For cancellations, do not make payroll deductions for the last pay period coverage was in effect.

20. Verification and Reconciliation. Reconcile the biweekly NAF Group Insurance Detail List, PCN SH085-130, or other similar list, with actions submitted on AF Forms 2545. Provide a copy of the listing to the Human Resources Office each pay period.

20.1. Correct errors through the payroll system if the correction (refund or deduction) is for two pay periods or less.

20.2. Notify HQ AFSVA/SVXB, ATTN: Group Insurance, 10100 Reunion Place, Suite 502, San Antonio TX 78216-4138, if the correction is for more than two pay periods.

21. Employee Contribution Shortages. Notify the Human Resources Office immediately when an employee's pay is insufficient to cover the employee's entire share of the contribution. In such a case, the employing NAFI is automatically assessed the amount of the shortage by the payroll system.

21.1. If the employee pays the shortage no later than the end of the pay period following the one in which the shortage occurred, process the payment no later than the pay period following collection.

21.2. If the employee fails to pay the shortage by the end of the pay period following the one in which the shortage occurred, instruct the Human Resources Office to notify the employee that coverage is cancelled.

22. Leave Without Pay (LWOP):

22.1. When an employee is in a LWOP status, the employer pays the employer contribution as long as the employee pays the employee contribution.

22.2. Notify the Human Resources Office when an employee in LWOP status is no longer eligible to participate in the plan. An employee is not eligible if he or she:

22.2.1. Reaches the 12-month maximum period for participation (for reasons other than illness or injury). Exception: A regular employee granted LWOP due to the transfer of a head of household is entitled to remain in the plan for a maximum of 150 days.

22.2.2. Fails to make the required contribution payments.

Section E—Life and AD&D Insurance for Health Maintenance Organization Participants

23. Health Maintenance Organization (HMO) Participation. An employee who elects alternate health coverage through an HMO must participate in the AFNAF Life and AD&D Plan if eligible.

23.1. If the employee enrolls in an HMO within 30 days of hire or reclassification to an eligible employment category, enroll the employee in the life and AD&D plan at the same time.

23.2. If an employee elects to change from AFNAF Health Plan coverage to HMO coverage, continue the employee's enrollment in the life and AD&D plan.

23.3. If an eligible employee not enrolled in the life and AD&D plan wishes to enroll in an HMO after 30 days of employment or reclassification to an eligible employment category, instruct him or her to submit an evidence of insurability (EOI) form to apply for life and AD&D coverage according to **9.2**.

NOTE: Don't delay the employee's enrollment in the HMO while awaiting EOI approval. If the EOI form is not approved, the employee is still eligible to continue participation in the HMO.

ARTHUR J. MEYERS
Director of Services

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

Abbreviations and Acronyms

AD&D—Accidental Death and Dismemberment

Aetna Manual—Aetna’s Administrative System Employee Benefits Administration Manual

AFIF—Air Force Insurance Fund

AFNAF—Air Force Nonappropriated Fund

APF—Appropriated Fund

EOI—Evidence of Insurability

HMO—Health Maintenance Organization

HQ AFSVA—Headquarters Air Force Services Agency

HRO—Human Resources Office

LWOP—Leave Without Pay

NAF—Nonappropriated Fund

NAFI—Nonappropriated Fund Instrumentality

OPF—Official Personnel Folder

SPD—Summary Plan Description

Attachment 2

HOW TO ORDER AETNA FORMS AND OTHER SUPPLIES

A2.1. GC-Numbered Aetna Forms. GC-numbered Aetna forms are ordered by calling toll-free 1-800-847-9361 or commercial (210) 341-8700, or by writing to: Aetna Life & Casualty Co., ATTN: Group Claims Dept., P.O. Box 795080, San Antonio TX 78279-5080. (Refer to the Aetna Employee Benefits Administration Manual, Claims Section, pages 4. 0-4.1.) GC-numbered forms include:

Medical Benefits Request.	GC-7
Dental Benefits Request.	GC-8
How to Submit a Benefits Request.	GC-15
Prescription Drug Record.	GC-9-1
How're Your Supplies?.	GC-634
Proof of Death.	GC-1124
Group Disability.	GC-9007
Attending Physician's Statement.	GC-485
Accidental Dismemberment.	GC-9059
*Envelope for Submitting Claims.	(N-344-A)

*Envelopes are ordered on form GC-634, even though the order number does not begin with GC.

A2.2. GR-Numbered Aetna Forms. GR-numbered Aetna forms are ordered by writing to: Southern Region Supply, Aetna Life & Casualty Co., 151 Farmington Ave., Hartford CT 06156-7250. (Refer to the Aetna Employee Benefits Administration Manual, General Administration Section, pages 2.1-2.2.) GR-numbered forms include:

Policyholder/Customer Request Form.	GR-66267-3
Group Identification Cards (temporary).	GR-1161-G
Employee Benefits Enrollment Application.	GR-66004-1
Additional Dependents Enrollment Application.	GR-66004-2
Evidence of Insurability Statement.	GR-66656
Envelopes for Reporting Enrollments, Changes and Terminations.	GR-66642
Conversion Notice for Group Life Insurance.	GR-65465
Conversion of Group Term Life Insurance.	GR-66109
Notice of Conversion Privilege and Request for Information about Medical Conversion Benefit.	GR-65221

A2.3. Other forms and summary plan descriptions. To order other forms not listed above and summary plan descriptions, send a written request to: Aetna Health Plans, ATTN: Marketing Support Coordinator, 9901 I.H. 10 West, Suite 450, San Antonio TX 78230-2203. (Refer to the Aetna Employee Benefits Administration Manual, General Administration Section, pg. 2.1.)

A2.3.1. Other forms and SPDs include:

Change Beneficiary Card.	Form 7/31/91
Life Enrollment Card.	Form 7/30/91
Employee's Waiver of Group Coverage or Request for Discontinuance of Contributions Card.	Not Numbered
Group Health Plan SPD.	Not Numbered
Group Life and Accidental Death & Dismemberment Plan SPD.	Not Numbered

A2.3.2. To order the Flexible Benefits Plan SPD, send a written request to: HQ AFSVA/SVXB, ATTN: Group Insurance, 10100 Reunion Place, Suite 502, San Antonio TX 78216-4138.

A2.4. Special Instructions:

A2.4.1. On ALL forms being submitted to Aetna, ALWAYS give Aetna your COMMERCIAL telephone number including the area code in case they have to contact you for assistance. NEVER supply a Defense Switched Network (DSN) telephone number as Aetna does not have access to this long distance calling system.

A2.4.2. ALWAYS give Aetna your complete and most current mailing address including your zip code

A2.4.3. As instructed in the Aetna Manual, Section 1, Introduction, ALWAYS have the correct control-suffix-account number on ALL correspondence or forms being submitted to Aetna (Example: 658337-10-201, Randolph AFB TX). Providing this information will expedite service to you.

Attachment 3

GROUP INSURANCE CLASS CODE LISTING

IF ANNUALIZED RATE OF BASIC EARNINGS ARE:

MORE THAN		NOT MORE THAN	USE CODE		AMOUNT OF LIFE INSURANCE IS
\$9,000	-	\$10,000	10	-	\$15,000
\$10,000	-	\$11,000	11	-	\$16,500
\$11,000	-	\$12,000	12	-	\$18,000
\$12,000	-	\$13,000	13	-	\$19,500
\$13,000	-	\$14,000	14	-	\$21,000
\$14,000	-	\$15,000	15	-	\$22,500
\$15,000	-	\$16,000	16	-	\$24,000
\$16,000	-	\$17,000	17	-	\$25,500
\$17,000	-	\$18,000	18	-	\$27,000
\$18,000	-	\$19,000	19	-	\$28,500
\$19,000	-	\$20,000	20	-	\$30,000
\$20,000	-	\$21,000	21	-	\$31,500
\$21,000	-	\$22,000	22	-	\$33,000
\$22,000	-	\$23,000	23	-	\$34,500
\$23,000	-	\$24,000	24	-	\$36,000
\$24,000	-	\$25,000	25	-	\$37,500
\$25,000	-	\$26,000	26	-	\$39,000
\$26,000	-	\$27,000	27	-	\$40,500
\$27,000	-	\$28,000	28	-	\$42,000
\$28,000	-	\$29,000	29	-	\$43,500
\$29,000	-	\$30,000	30	-	\$45,000
\$30,000	-	\$31,000	31	-	\$46,500
\$31,000	-	\$32,000	32	-	\$48,000
\$32,000	-	\$33,000	33	-	\$49,500
\$33,000	-	\$48,000	34	-	\$50,000
\$48,000	-	\$49,000	49	-	\$51,000
\$49,000	-	\$50,000	50	-	\$52,000
\$50,000	-	\$51,000	51	-	\$53,000
\$51,000	-	\$52,000	52	-	\$54,000

MORE THAN		NOT MORE THAN	USE CODE		AMOUNT OF LIFE INSURANCE IS
\$52,000	-	\$53,000	53	-	\$55,000
\$53,000	-	\$54,000	54	-	\$56,000
\$54,000	-	\$55,000	55	-	\$57,000
\$55,000	-	\$56,000	56	-	\$58,000
\$56,000	-	\$57,000	57	-	\$59,000
\$57,000	-	\$58,000	58	-	\$60,000
\$58,000	-	\$59,000	59	-	\$61,000
\$59,000	-	\$60,000	60	-	\$62,000
\$60,000	-	\$61,000	61	-	\$63,000
\$61,000	-	\$62,000	62	-	\$64,000
\$62,000	-	\$63,000	63	-	\$65,000
\$63,000	-	\$64,000	64	-	\$66,000
\$64,000	-	\$65,000	65	-	\$67,000
\$65,000	-	\$66,000	66	-	\$68,000
\$66,000	-	\$67,000	67	-	\$69,000
\$67,000	-	\$68,000	68	-	\$70,000
\$68,000	-	\$69,000	69	-	\$71,000
\$69,000	-	\$70,000	70	-	\$72,000
\$70,000	-	\$71,000	71	-	\$73,000
\$71,000	-	\$72,000	72	-	\$74,000
\$72,000	-	\$73,000	73	-	\$75,000
\$73,000	-	\$74,000	74	-	\$76,000
\$74,000	-	\$75,000	75	-	\$77,000
\$75,000	-	\$76,000	76	-	\$78,000
\$76,000	-	\$77,000	77	-	\$79,000
\$77,000	-	\$78,000	78	-	\$80,000
\$78,000	-	\$79,000	79	-	\$81,000
\$79,000	-	\$80,000	80	-	\$82,000
\$80,000	-	\$81,000	81	-	\$83,000
\$81,000	-	\$82,000	82	-	\$84,000
\$82,000	-	\$83,000	83	-	\$85,000
\$83,000	-	\$84,000	84	-	\$86,000
\$84,000	-	\$85,000	85	-	\$87,000
\$85,000	-	\$86,000	86	-	\$88,000

MORE THAN		NOT MORE THAN	USE CODE		AMOUNT OF LIFE INSURANCE IS
\$86,000	-	\$87,000	87	-	\$89,000
\$87,000	-	\$88,000	88	-	\$90,000
\$88,000	-	\$89,000	89	-	\$91,000
\$89,000	-	\$90,000	90	-	\$92,000
\$90,000	-	\$91,000	91	-	\$93,000
\$91,000	-	\$92,000	92	-	\$94,000
\$92,000	-	\$93,000	93	-	\$95,000
\$93,000	-	\$94,000	94	-	\$96,000

Attachment 4**NAP GROUP INSURANCE PLAN CODES**

Code 1: Life, Accidental Death and Dismemberment (AD&D) and Health; Employee-Only coverage with Flexible Benefits Plan election.

Code 2: Life, AD&D and Health; Employee-with-Family Member coverage with Flexible Benefits Plan election.

Code E: Life and AD&D only; not eligible for Flexible Benefits Plan election.

Code L: Life, AD&D and Health; Employee-Only coverage without Flexible Benefits Plan election.

Code Q: Life, AD&D and Health; Employee-with-Family Member coverage without Flexible Benefits Plan election.

Code H: Health Maintenance Organization (HMO) only; Employee-Only coverage; not eligible for Flexible Benefits Plan election.

Code K: Health Maintenance Organization (HMO) only; Employee-with-Family Member coverage; not eligible for Flexible Benefits Plan election.

Code M: Life, AD&D and Health Maintenance Organization (HMO); Employee-Only coverage; not eligible for Flexible Benefits Plan election.

Code P: Life, AD&D and Health Maintenance Organization (HMO); Employee-with-Family Member coverage; not eligible for Flexible Benefits Plan election.

Attachment 5**IC 2002-1 TO AFI 34-306, NONAPPROPRIATED FUND GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT PLAN****28 JANUARY 2002****SUMMARY OF REVISIONS**

This revision incorporates Interim Change IC2002-1. This change provides new guidance regarding insurance and benefits for employees given military furloughs. A bar (|) indicates revision from the previous edition.

12.5. Military Furlough. Counsel an employee given military furlough for enlistment, induction, or recall to extended active duty that he or she and covered dependents are eligible to participate in the plan during the period of military furlough for up to 12 months, as outlined in paragraph [12.4.1](#). Leave Without Pay (LWOP), provided the employee continues to pay the employee portion of the contribution.

12.5.1. Inform the employee if he or she is carried in military furlough status beyond the 12-month period, the employee and covered dependents are entitled to convert to individual policies at the end of the period. The employee and dependents must apply for policies within 31 days of the end of coverage, and they must have continued coverage during the entire 12-month period. The life insurance carrier will extend the application period an additional 60 days to an employee who cannot meet the 31-day application period due to difficulties related to active-duty deployment, provided the carrier receives a request for conversion from the employee, spouse, or close family member within 31 days of the end of the employee's coverage. The employee must send his or her signed application and proof of active military service to the carrier during the 60-day extension period.

12.5.2. Inform the employee that, in the event coverage is terminated, he or she and dependents may immediately enroll in the plan upon the employee's return to AFNAF employment and no waiting period or pre-existing condition limitation is required.