The National Education Association of the United States (“NEA”) sponsors a group insurance plan for its members called the NEA Members Insurance Plan (“Plan”). The Plan’s purpose is to provide NEA members with group insurance benefits and other types of benefits in the event of death, accident, sickness, disability, or other similar occurrences affecting members and their families (collectively, the “Programs”). The Programs are offered through one or more group insurance policies acquired and maintained by the trustees of the NEA Members Insurance Trust (“Trust”), the nonprofit entity created to provide benefits to NEA members participating in the Plan. Participation in benefits is open to NEA members on a voluntary basis. Eligible NEA members select the type of coverage they want and pay the entire cost themselves. Neither NEA nor any employer contributes to the payment of the cost of the coverages provided through the Trust.

The Plan’s terms for the NEA Life (“NEA Life”) and NEA Accidental Death and Dismemberment (“NEA AD&D”) Insurance Programs are currently contained in (i) the Plan, (ii) the Trust Agreement, (iii) the insurance policy issued to the Trust by the applicable insurance company (“Applicable Company”) for each Program, and (iv) where appropriate, the certificate of insurance (“Certificate”) provided by the Applicable Company to participants in the respective Programs (collectively, “Program Documents”).

The purpose of this Summary Plan Description (“SPD”) is to inform you about the structure of the Plan and the NEA Life, NEA Preferred Life, NEA AD&D, NEA Complimentary Life Insurance (“NCL”), NEA Introductory Life Insurance (“NIL”) and NEA Mental Wellness (“NMW”) Programs. The specific features of each Program are contained in the Program Documents. This SPD is being furnished to you in compliance with the Employee Retirement Income Security Act of 1974 (“ERISA”). As a participant in the Plan and one or more of the Programs, you are entitled to certain rights and protections under ERISA. These rights are summarized in this SPD. If this SPD conflicts with the terms of any Program Document, the terms of the Program Document control.

GENERAL INFORMATION

Plan Name. The Plan is known as the NEA Members Insurance Plan.

Trust Name. The Trust is known as the NEA Members Insurance Trust.

Programs’ Names. The Programs are (i) NEA Life Insurance Program; (ii) NEA Accidental Death and Dismemberment Program; (iii) NEA Complimentary Life Program; (iv) NEA Introductory Life Program; and (v) NEA Mental Health Program.

Sponsor. The NEA, 1201 16th Street, N.W., Washington, DC 20036, sponsors the Plan and Trust for its members.

Underwriter/Insurance Companies. The Programs’ benefits are underwritten by: (i) Prudential Insurance Company of America, 80 Livingston Avenue, Roseland, NJ 07068 (for NEA Life [except NEA Preferred Term Life Insurance Plan], NEA Complimentary Life, NEA Introductory Life and NEA AD&D Programs); and (ii) Minnesota Life Insurance Company (Securian Life Insurance Company for New York residents), 400 Robert Street North, St. Paul, MN 55101 (for NEA Preferred Term Life Insurance Plan) (the “Companies” or “Company”).

NMW Provider. The NMW program is provided through Sanvello, Inc. 320 West 37th St., 5th Floor, New York, New York 10018 (“Sanvello”).

Identification Numbers. The Internal Revenue Service has assigned to the Trust the employer identification number 53-0115260. The Plan number is 520.

Type of Plan. This is an employee welfare benefit plan providing group insurance to participants.

Administration. The NEA administers the Plan pursuant to resolutions adopted by its Executive Committee.

Plan Administrator. NEA serves as the administrator of the Plan. Communications concerning any aspect of the Plan should be addressed to NEA Members Insurance Trust, c/o Michael G. McPherson, 1201 16th Street, N.W., Washington, DC 20036. The telephone number for information is (800) 637-4636.

Program Administrators. The insured Programs are administered by the Applicable Companies pursuant to agreements with or between NEA, NEA Member Benefits and Pearl Insurance, LLC.

Service of Process. If legal action involving the Plan is necessary, legal process may be served upon the Plan Administrator. The designated agent for service of legal process is the NEA, c/o Michael G. McPherson, 1201 16th Street, N.W., Washington, DC 20036.

Trustees. All assets of the Plan, including all insurance policies and reserves, are held by the Trust, which is a separate tax-exempt trust. A Board of Trustees is responsible for the financial management of all such assets. The current trustees are Noel Candelaria (Chairperson), Robert H. Chanin, Mary Ann Blankenship, Debra Goldberg, Susan Hussar, Melinda Person, Judy L. Schaubach, Denise Specht and Dennis Van Roekel. The trustees may be contacted c/o Michael G. McPherson, 1201 16th Street, N.W., Washington, DC 20036.

Collective Bargaining Agreement. The Plan has not been established and is not being maintained pursuant to the terms of any collective bargaining agreement with any employer.

Plan Eligibility. Except as limited by the specific terms of a policy or Program or described below, you are eligible to begin participation in the Plan if you are: (i) an Active, Substitute, Staff, Student, Retired, Reserve, or Life member of NEA or an NEA state Affiliate in good standing; or (ii) an employee or retired employee of NEA, NEA Member Benefits or NEA Professional Services Corp., or of an NEA state or local Affiliate. You are eligible to continue coverage as long as you remain in one of the categories described above, or if you held qualifying membership at the time you became a participant in the Program and have since left an educational position due to: (i) retirement prior to December 31, 2008 at or after age 45 and eligible for a pension from an educational employment retirement system; (ii) disability; or (iii) layoff (each, an “Exception”).

Program Eligibility. Eligibility for the NEA Life and AD&D Programs (except NCL, NIL and NMW) is described in each Program’s Certificate, which is available without charge from NEA Member Benefits (“NEA MB”), 900 Clopper Road, Gaithersburg, MD 20878, telephone: 1-800-637-4636.

Termination of Benefits. You must continue to make the required premium contributions when due and either (a) continue to be a member of the class of members specified in the applicable Program’s Certificate or (b) qualify for an Exception for which a Program permits continued participation. Failure to maintain membership in a designated membership class, qualify for an Exception, or to pay premiums when due will result in loss of your benefits. See also “Termination and Amendment of Plan, Trust or Programs” below.

Termination and Amendment of Plan, Trust or Programs. The NEA and the trustees reserve the right to modify or terminate the Plan, the Trust and/or the Programs at any time. If a Program or the Plan is terminated, your coverage will terminate.

Source of Funds. The only source of funds for the Plan is contributions paid by participants for their coverage, as determined in contracts between the Plan and the Applicable Company. Neither NEA nor any employer contributes any portion of the cost.
Under the NCL Program will again accumulate starting as of the subsequent year and is eligible for the NCL Program, the benefit payable is $150,000 instead of $50,000. If the member rejoins the NEA in a subsequent year and is eligible for the NCL Program, the benefit under the NCL Program will again accumulate starting as of the year he or she rejoins, and increases to the benefit limits described above. Life Active members must maintain continuous employment in the field of education. If a Life Active member ceases to be employed in the field of education, their accumulated benefit under the Program will terminate. If the Life Active member returns to work in the field of education and is eligible for the NCL Program, the benefit under the NCL Program will again accumulate starting as of the year they return to work in the field of education and increase to the benefit limits described above. In the event an Active (including Life Active), Reserve or Staff member does not renew NEA membership or does not continue employment in the field of education in a succeeding membership year, their accumulated benefit will terminate as of September 1 of that succeeding membership year.

NEA Introductory Life Insurance Program Specific Information:

All Active, Staff and Reserve members who are in their first year of membership with the NEA, and are members in good standing with their State Associations (“Eligible First-Year Members”) are automatically covered under the NIL Program. The NEA sponsors this Program to provide Eligible First-Year Members in good standing of the NEA with term life insurance coverage for the first year of their membership. Participation is automatic and the life insurance coverage is provided at no cost to the Eligible First-Year Members by the Trust. Coverage under the NIL Program, as described herein, will remain in effect until the end of the calendar month immediately following your first anniversary of becoming a member of NEA as long as the eligible class of NEA membership is retained and the overall NIL Program remains in effect.

Insurance is provided under Prudential Group Policy No. G-20400. The terms of the Group Policy that mainly affect insurance are summarized in this Summary Plan Description. All benefits are subject in every way to the Group Policy. It and the Trust Plan form the agreement under which payments are made. This Sample Certificate/Summary Plan Description replaces any previous descriptions you may have of the NCL. To the extent that the terms of the Group Policy differ from those in this Summary Plan Description, the terms of the Group Policy shall govern. The Booklet-Certificate contains all details, including any policy exclusions, limitations and restrictions, which may apply. Contract Series: 31300

NCL Eligible Members and Benefits: Active, Staff, and Reserve members actively employed, are eligible for the following benefits: (a) for death not caused by accident, assault or homicide, the benefit payable is $1,000; (b) for death or dismemberment caused by accident or assault, the benefit payable is $1,000 per year of continuous membership up to a maximum benefit of $5,000; (c) for death or dismemberment caused by accident or assault which occurs while the eligible member is engaged in any activity in the express or implied terms of the eligible occupation or occurs while the eligible member is acting on Association business in the capacity of an Association Leader, the applicable benefit payable is $50,000 instead of up to $5,000 (“AD&D Benefit”); and (d) for death caused by homicide that occurs while the eligible member is engaged in any activity in the express or implied terms of the eligible occupation, the benefit payable is $150,000 instead of $50,000. Retired members of NEA or an NEA State Affiliate are only eligible for the $50,000 AD&D Benefit described in (c) above, and only while acting on NEA or State Affiliate business in the capacity of an Association Leader. The AD&D Benefit does not cover any loss which results from suicide or attempt at suicide, or an intentionally self-inflicted injury, nor does it include disease, infirmity, infection (except for pyogenic infections occurring through and at the time of a cut or wound due to accident or assault), or medical or surgical treatment thereof. Except for the AD&D Benefit, the benefit under the NCL Program is payable if you die while you are an Eligible Member. The AD&D Benefit is payable if your death or Dismemberment, as applicable, is due to an Accident or Assault which happens while you are an Eligible Member. The benefits are payable when Prudential receives written proof of your death or Dismemberment and, in its sole discretion, determines that a benefit is payable. Benefits are payable in one sum in accordance with the Beneficiaries section below, and the AD&D Benefit is payable in one sum to you due to Dismemberment.

NCL Calculation of Eligibility: If an Eligible Member ceases Continuous Membership in the NEA, their insurance under the NCL Program will terminate. If the member rejoins the NEA in a subsequent year and is eligible for the NCL Program, the benefit under the NCL Program will again accumulate starting as of the Fiscal Year. The Plan’s fiscal year ends on August 31.
before December 31, 2022, they will receive 12 months of the NMW Benefit. If the Eligible NMW Member achieves Registration Completion after December 31, 2022, they will have a pro-rated NMW Benefit from the date of Registration Completion through December 31, 2023.

NEA LIFE, NEA AD&D, NCL AND NIL BENEFICIARIES:
You have the right to choose a Beneficiary. If there is a Beneficiary for the insurance, the benefit is payable to that Beneficiary. Any amount of insurance for which there is no Beneficiary at your death will be payable to the first surviving class of the following classes of successive preference Beneficiaries: (a) spouse or Qualified Domestic Partner; (b) surviving children; (c) surviving parents; (d) surviving siblings; (e) estate.

You may name a Beneficiary by contacting NEA MB. You may change the Beneficiary at any time without the consent of the present Beneficiary. The change will take effect on the date the information is received. But it will not apply to any amount paid by Prudential before it receives the notification.

If there is more than one Beneficiary but the Beneficiary record does not specify their shares, they will share equally. If a Beneficiary dies before you, that Beneficiary’s interest will end. It will be shared equally by any remaining Beneficiaries, unless the Beneficiary record states otherwise.

CLAIMS UNDER NEA LIFE, NEA AD&D, NCL AND NIL PROGRAMS:
You or your Beneficiary may file a claim for benefits under any of the Programs by submitting a claim form to the NEA Insurance Operations Center. Claim forms are available from the NEA Insurance Operations Center and NEA MB. Prior to paying claims, the NEA Insurance Operations Center will verify that the deceased was an Eligible Member. Records utilized to determine this information will include, but not necessarily be limited to, the Trust database, NEA membership records, and state and local membership records. In the event of a dispute between any of the above records, the NEA membership record will be considered the Foundation Record.

The NEA Insurance Operations Center must be given written proof of death or accidental loss for which claim is made. Proof of death must be given to the NEA Insurance Operations Center within three years after death. Proof of accidental death or Dismemberment must cover the Occurrence, character and extent of loss. A claim for accidental death or Dismemberment insurance will not be considered valid unless such proof is furnished within 90 days after the date of the accidental loss or whenever reasonably possible. Prudential, at its own expense, has the right to examine the person whose accidental loss is the basis of claim. Prudential may do this when and so often as is reasonable while the claim is pending. No action at law or in equity shall be brought to recover on the Group Policy until 60 days after the written proof of an accidental loss is furnished. No such action shall be brought more than three years after the end of the time within which proof of such loss is required.

CLAIMS PROCESS
Initial Procedures. To claim any benefit under the Plan, you or your Beneficiary should notify the following: (i) for NEA Life Insurance or NEA Accidental Death and Dismemberment Program or NCL of NIL, notify: NEA Insurance Operations, P.O. Box 10320, Peoria, IL 61612-9800, telephone: (800) 523-5877; and (ii) for NEA Preferred Term Life Insurance, notify: Minnesota Life Insurance Co., 400 Robert Street North, St. Paul, MN 55101, telephone: (888) 658-0193. Appropriate claim forms will be sent by return mail accompanied by complete claim instructions. If the claim results from death, a copy of the death certificate with the raised seal may be required.

Review of Denied Claims. If a claim for benefits is denied, in whole or in part, you or your authorized representative will receive a written explanation of the reason for the denial. The Applicable Company will send this written notice to you within 90 days (45 days in the case of a disability claim). If special circumstances require that the Applicable Company be given additional time to make a decision on your claim, it may have an additional 90 days (30 additional days for the first extension period, and 30 additional days for the second extension period, in the case of a disability claim) by notifying you before the end of the first 90-day period (45-day period in the case of a disability claim). If your claim is denied in whole or in part, you will receive a statement which includes:
(a) The specific reason or reasons for the denial;
(b) Specific reference to applicable sections of the Plan and/or Program documents on which the denial is based;
(c) A description of any additional material or information you must supply in order to perfect your claim and why such material or information is necessary; and
(d) An explanation of the Program’s claims review procedure and a statement of your right to bring a civil action under Section 502(a) of ERISA.

Within 180 days after a claim is denied by an Applicable Company or deemed to have been denied, you may appeal the denial of the claim by filing a written appeal for review with the Applicable Company. The Applicable Company will review the decision denying the claim within 45 days after your request for review (unless there are special circumstances, in which case the time period is extended by an additional 45 days). You will receive a notice if special circumstances require additional time. Before the Applicable Company decides on the claim, you or your authorized representative may review pertinent documents and submit issues and comments in writing. It is important for you or your authorized representative to submit in writing to the Applicable Company for review all issues, comments and evidence relevant or pertinent to your claim for benefits. If the Applicable Company denies your claim in whole or in part, a written decision will set forth specific reasons for the decision and will cite specific Plan or Programs’ sections on which the decision is based. The decision of the Applicable Company will be final and conclusive, except for your right to challenge that decision by filing a lawsuit under ERISA.

YOUR RIGHTS UNDER ERISA
As a participant in the Plan and its Programs, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants have the following rights:
Receive information about the Plan and Benefits
• You have the right to examine, without charge, at the offices of NEA Member Benefits, 900 Clopper Road, Gaithersburg, MD 20878, all documents governing the Plan, including Programs’ insurance contracts (with riders and amendments). You may also examine, without charge, copies of the annual reports filed on behalf of the Plan and the Programs with the U.S. Department of Labor. Those reports are also available at the Public Disclosure Room of the Employee Benefits Security Administration (“EBSA”).
• You have the right to obtain copies of Plan and Programs documents and Programs information including Programs’ insurance contracts (with riders and amendments) and the latest annual reports, by sending a written request to NEA Member Benefits at the above address. NEA Member Benefits may make a reasonable charge for the copies.
• You are entitled to receive a copy of the Plan’s summary annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.
Prudent Actions by Plan Fiduciaries. In addition to creating rights for you, ERISA imposes duties on NEA and the trustees in their operation of the Plan and Programs. The NEA and the trustees are “fiduciaries.” In addition, each Applicable Company is a fiduciary for the enrollment process and claims administration. The fiduciaries have a duty to operate the Programs prudently and in the
interests of you and other Program participants and beneficiaries. No one, including your employer, your union, or any other person, can fire you or otherwise discriminate against you in any way to prevent you from obtaining the insurance benefits to which you are properly entitled under the Programs or to prevent you from exercising your rights under ERISA.

**Enforce Your Rights.** If your claim for benefits is denied, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial to the Applicable Company, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request Plan or Programs materials to which you are entitled under ERISA and do not receive them within 30 days, you may file suit in Federal court. In such a case, the court may require the Plan Administrator to provide the materials to you and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the Plan Administrator’s control. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in federal court after you have followed the process for appealing to the Applicable Company. If it should happen that the plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal Court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

**Assistance with Your Questions.** If you have any questions about the Plan or Programs provided through the Trust, you should contact NEA Member Benefits, Attn: MIT, 900 Clopper Road, Gaithersburg, MD 20878, telephone: 1-800-637-4636. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.