

# Plan Highlights

## Voluntary Group Term Life Insurance



### Educational School System

#### ELIGIBILITY

Any active, full-time employee who works 20 or more hours per week is eligible for this group life insurance plan. There are no medical questions to answer.

**Dependents:** You must be insured for your spouse to be covered. Your spouse is:

- Your legal spouse not legally separated or divorced from you, or your Civil Union Partner

You must be insured in order for dependent children to be covered. Dependent children are:

- Unmarried financially dependent children\*  
\*natural and adopted children; stepchildren and foster children in your custody.  
Upper age limits do not apply to handicapped children
- A person may not have coverage as both an Employee and Dependent
- Only one insured spouse may cover Dependent Children

#### BENEFIT AMOUNT

##### Voluntary Life

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments. Guaranteed issue amount is \$150,000. Any amounts over the guaranteed issue amount require evidence of insurability.

##### Dependent Life

Spouse or Civil Union Partner - \$50,000

Dependent Child(ren) - \$10,000 or 5,000 units

##### Additional Spouse Coverage

Coverage from a minimum of \$10,000 to a maximum of \$150,000 in \$10,000 increments. Guaranteed issue amount is \$50,000\*. Any amounts over the guaranteed issue amount require evidence of insurability.

Spouse coverage terminates at age 75

*\*Guaranteed Issue only applies to spouses under age 60*

#### CONTRIBUTION REQUIREMENTS

**Employee:** Coverage is 100% employee paid

**Spouse:** Coverage is 100% employee paid

**Dependent Child(ren):** Coverage is 100% employee paid

#### BENEFIT REDUCTION DUE TO AGE

AGE	Original Benefit Reduced To
75	60%
80	35%
85	27.5%
90	20%
95	7.5%
100	5%

#### FEATURES

- Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- Conversion Privilege
- Waiver of Premium
- Portability

#### EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

#### EMPLOYEE AND SPOUSE MONTHLY PREMIUMS

Age	Rate per \$10,000
00-39	\$0.80
40-59	\$1.80
60+	\$2.50
Child(ren)	\$0.82 Per \$5,000

This Plan Highlights is a brief description of the key features of the insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.

**Broker Use Only; this is not  
a formal highlight sheet for  
employees**