

VOLUNTARY TERM LIFE INSURANCE OVERVIEW

Prepared for the employees of Elkhart Community Schools

Eligibility	Active, full-time Employees of the Employer regularly working a minimum of 30 hours per week.	
Eligibility Waiting Period	You are eligible for benefits on your date of hire.	
Employee	Benefit Amount	Units of \$10,000
	Guaranteed Coverage Amount	\$100,000
	Maximum	The lesser of 5 times annual compensation or \$500,000
	Benefit Reduction Schedule	Providing you are still employed, your benefits will reduce to 65% @ 65; 45% @ 70; 30% @ 75; 20% @ 80.
Spouse* (up to age 70)	Spouse is eligible provided that you apply for and are approved for coverage for yourself.	
	Benefit Amount	Units of \$10,000
	Guaranteed Coverage Amount	\$50,000
	Maximum	\$250,000
Dependent Children	Under age 19 (or under age 26 if they are full-time students), as long as you apply for and are approved for coverage for yourself. Premium includes all eligible children.	
	Benefit Amount	Units of \$1,000
	Benefit Amount Birth to 6 months	\$500
	Maximum Per Child	\$10,000

No one may be covered more than once under this plan.

* For purposes of this summary, wherever the term spouse appears it shall also include domestic partner/partner to a civil union. Your domestic partner is eligible for insurance if he or she meets specific criteria stated in the group policy. Additional information is available from your benefit service representative.

Guaranteed Coverage for Voluntary Term Life Insurance Coverage

Guaranteed Coverage Amount is the amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed Coverage is only available during Initial Enrollment and other times as approved. If you apply for coverage that is above the Guaranteed Coverage Amount, or if you are applying for coverage after 31 days after you become eligible, you must fill out a Medical Evidence of Insurability form. All dependent child benefits are guaranteed issue.

How Much Your Voluntary Life Coverage will Cost per Month*

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000
<20	\$0.050	\$0.050
20-24	\$0.044	\$0.044
25-29	\$0.058	\$0.058
30-34	\$0.069	\$0.069
35-39	\$0.079	\$0.079
40-44	\$0.112	\$0.112
45-49	\$0.170	\$0.170
50-54	\$0.289	\$0.289
55-59	\$0.477	\$0.477
60-64	\$0.692	\$0.692
65-69	\$1.655	\$1.655
70-99	\$3.218	
Child Rate per \$1,000		\$0.200

*Costs are subject to change.

Cost Calculation Example (based on the Benefit Amount)

	Age	Rate Per \$1,000		Benefit Amount				Estimated Cost
Example Life Costs	33	.069	X	100,000	+	1,000	=	\$6.90
Input Your Costs			X		+	1,000	=	

Other Voluntary Life Coverage Features

Accelerated Death Benefit – Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the benefit for terminal illness provides for up to 75% of the Term Life Insurance coverage amount in-force or \$375,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

Continuation for Disability for Employees Age 60 or over - If your active service ends due to disability, at age 60 or over, your coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.

Extended Death Benefit - The extended death benefit ensures that if you become disabled prior to age 60, and die before it is determined if you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify for this benefit and have insured your spouse or children, their coverage is also extended. No additional premium payment is required for the extended coverage.

Waiver of Premium - If you are totally disabled prior to age 60 and can't work for at least 9 months, you won't need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 65, subject to proof of continuing disability each year

When Your Coverage Begins and Ends

Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent, who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premium paid.

Conversion - If group life coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well. Premiums may change at this time, and terms of coverage will be subject to change.

Portability - If your employment is terminated and you are under age 70, you can continue your employee paid life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 70, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Exclusions: Voluntary life insurance will not be paid if you commit suicide, while sane or insane, within the first two years of coverage

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLX-967718. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © Cigna 2016