

Group Term Life Insurance

Enrollment at a Glance

Convenient, affordable life insurance, offering financial protection for your loved ones.

For the employees of: Public Risk Innovation, Solutions and Management (PRISM) County of Colusa, Account 006

What is Group Term Life Insurance?

Group Term Life Insurance is offered through your employer and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a “term”). The term of this coverage is generally one year, renewing on an annual basis with your other employer-offered benefits. Your employer offers Basic Life Insurance and Accidental Death and Dismemberment Insurance, which is the amount they provide at no cost to you. You also have the option to elect additional coverage called Supplemental Life and Accidental Death and Dismemberment Insurance.

What is Accidental Death and Dismemberment (AD&D) Insurance?

AD&D Insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through your employer.

How can life insurance help?

Below are a few examples of how your life insurance benefit could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children’s education

Who is eligible for life insurance?

- You—all active employees working 20+ hours per week.
- Your spouse*— Coverage is available only if Employee Supplemental Life Insurance is elected.
- Your children—birth to age 26. Coverage is available only if Employee Supplemental Life Insurance is elected. If both you and your spouse are covered under the policy as employees, then only one, but not both, may cover the same children under the children’s rider/benefit. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children’s coverage.

**The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.*

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What amount of coverage am I eligible for?

- For you
 - Your employer provides you with Basic Life Insurance and Basic AD&D Insurance of \$50,000. There is no cost to you for this insurance.
 - Eligible employees may elect Supplemental Life and AD&D Insurance of \$20,000 to \$500,000 in \$10,000 increments.
- For your spouse*
 - Eligible employees may elect Spouse Supplemental Life and AD&D Insurance of \$20,000 to \$500,000 in \$10,000 increments.
- For your children
 - Eligible employees may elect Children Supplemental Life Insurance of \$2,000 to \$10,000 in \$2,000 increments.

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Meet the Wilsons

Mark and Jodi Wilson had a busy life filled with work, sports and their three children. Mark was the breadwinner of the family and worked as a construction manager. Jodi had quit her job to stay home with the children when their second child was born. Mark had been suffering from recurring headaches and, after seeing many doctors, was diagnosed with an inoperable brain tumor. Fortunately for the Wilson family, Mark had elected Group Term Life Insurance coverage through his employer. When Mark passed away, Jodi was able to use the life insurance proceeds to pay off the remaining home mortgage and cover Mark's funeral. There was even enough money to support the family while she transitioned from being a stay-at-home mother to a working single parent.

Expenses covered by Mark's Life Insurance Proceeds:

\$180,000	Total Life Insurance Proceeds
-\$8,000	Funeral Costs
<u>-\$75,000</u>	Remaining Mortgage
\$97,000	Everyday Expenses (utilities, car, groceries, etc.)

The amounts shown are an example only. Actual costs/results may vary.

What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Accidental Death and Dismemberment (AD&D) Insurance:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like. Coverage on your spouse is available if they are enrolled for life insurance.
- **Continuation:** If on an approved absence from work, you may continue your life insurance coverage under the employer's group policy for a set amount of time. Premiums must be paid during this time.
- **Conversion:** You, your spouse and/or your children may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- **Portability:** You may apply to continue your Supplemental coverage when you leave your current employer, and pay premiums to the insurance company directly.
- **Waiver of Premium:** If you become unable to work due to total disability, your Basic and Supplemental Life Insurance can be continued without premium payment.
- **Convenient Payroll Deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

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How much does my life insurance cost?

Basic Life Insurance and Basic AD&D Insurance are provided by your employer at no cost to you. The cost for Supplemental Life is calculated based on the age of the employee at the start of the plan's current policy year.

Rates shown are guaranteed until June 30, 2023.

Employee and Spouse Supplemental Life Insurance Rates	
Employee Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.098
40-44	\$0.143
45-49	\$0.210
50-54	\$0.360
55-59	\$0.600
60-64	\$0.915
65-69	\$1.763
70 +	\$2.865

The rates are per individual.

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates	
Coverage Type	Monthly Rate per \$1,000 of Coverage
Employee Supplemental AD&D	\$0.02
Spouse Supplemental AD&D	\$0.02

Children Supplemental Life Insurance Rates	
Coverage Levels	Monthly Cost
\$2,000	\$0.42
\$4,000	\$0.84
\$6,000	\$1.26
\$8,000	\$1.68
\$10,000	\$2.10

Monthly cost for all eligible children.

Use the steps below to calculate your premium for you and your spouse based on the amount of insurance you elected:

Step 1: Enter the rate per \$1,000 based on age: _____

Step 2: Take the amount of insurance and divide it by 1,000:
(Example: For \$150,000 of coverage, enter "150") _____

Step 3: Multiply lines 1 and 2 (this is your monthly cost): _____

Monthly cost for your children: (covers all eligible children)

Enter the monthly cost for the amount of coverage from the table above: _____

Do I need to provide evidence of insurability (answer health questions) to be covered?

New Hires

- For you—You may elect up to \$150,000 of Supplemental Life Insurance without providing evidence of insurability.
- For your spouse*—You may elect up to \$50,000 of Supplemental Life Insurance on your spouse without providing evidence of insurability.
- For your children—You may elect up to \$10,000 of Supplemental Life Insurance on your children without providing evidence of insurability.
- If you elect higher amount(s), you will need to submit evidence of insurability to the insurance company for approval before coverage becomes effective.

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Will my benefits decrease as I get older?

- For you – Basic Insurance amount(s) reduce to 50% of original coverage at age 70 and after.
- For you – Supplemental Insurance amount(s) reduce to 65% of original coverage at age 65, to 50% of original coverage at age 70, and to 30% of original coverage at age 75 and after.
- For your spouse* - Benefit amount(s) reduce to 65% of original coverage at spouse age 65, to 50% of original coverage at age 70, and to 30% of original coverage at age 75 and after.
- Your payroll deductions will be adjusted to pay premium based on the new benefit amount(s).

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Exclusions and Limitations

Supplemental Life Insurance coverages have a two year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

Are there additional non-insurance services available?

- **Funeral Planning and Concierge Services:** You have the support of a team of independent professionals ready to assist with funeral planning for you and eligible family members.

Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.

- **Employee Assistance Program:** You have access to ComPsych GuidanceResources®, which provides support, resources and information for personal and work-life issues.

Employee Assistance Program (EAP) services are provided by ComPsych® Corporation, Chicago, IL.

- **Travel Assistance:** When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Who do I contact with questions?

For more information, contact your human resource representative.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

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LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE ENROLLMENT

ReliaStar Life Insurance Company, Minneapolis, MN

Telephone: 800-955-7736

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PLAN INFORMATION section to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee. **All** new Life coverage or **any** increases in Life coverage will require evidence of insurability if plan participation requirements are not met. Any references to coverage being obtained without evidence of insurability in the sections below are only applicable if the plan participation requirements are met.

PLAN INFORMATION

Employer/Plan Sponsor Name CSAC – EIA Effective Date of Coverage or Change _____

Group/Plan Number 316407 Account Number/Location Acct 6: County of Colusa

Class/Occupation _____

Date of Hire _____ Annual Salary \$ _____ Employment Status: Active Full-Time Active Part-Time Retired

This change is due to (Check all that apply):

Initial Eligibility Following Hire Change in Coverage Amount Late Entrant ¹ Other _____

¹ A late entrant is an individual who is first enrolling after the initial available opportunity.

EMPLOYEE INFORMATION

Employee Name (First, Middle Initial, Last) _____

Birth Date _____ SSN _____ Gender: Male Female

Employee ID Number _____ Work Phone (_____) _____ Home Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

EMPLOYEE LIFE / AD&D INSURANCE

Basic Life / AD&D Insurance Election

Employee Only—Elect Coverage (Note: Basic Life insurance is employer provided.)

Supplemental Life / AD&D Insurance

Guaranteed Issue (GI) Limit = \$150,000. When you are first eligible for supplemental life coverage, you can elect up to the GI Limit without evidence of insurability. Total supplemental life coverage up to \$500,000 is available if you complete an Evidence of Insurability form subject to approval by the insurance company. Minimum amount of coverage is \$20,000.

Supplemental Life Insurance Election

- I currently have supplemental life coverage of: \$ _____.
- I am applying for additional supplemental life coverage of: \$ _____ (\$10,000 increments)
- Total supplemental life coverage (current plus additional): \$ _____.
- Waive coverage.

Supplemental AD&D Insurance Election

- Amount equal to supplemental life insurance.
- Waive coverage.

BENEFICIARY INFORMATION (Designate your beneficiary(ies) below. Percentages must total 100%, using whole percentages only. If additional space is required please attach a separate signed and dated document with the same information for each beneficiary.)

	Name (First, MI, Last)	DOB	Gender	SSN / TIN	Relationship	%	Beneficiary Type
1			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
2			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			
3			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	Address			Phone ()			

SPOUSE LIFE INSURANCE *(The use of "spouse" in this form means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the plan. Please contact the Employer for more information.)*

When you are initially eligible for Spouse coverage, you can elect up to \$50,000 in coverage without evidence of insurability. Total Spouse coverage up to \$500,000 is available if Spouse completes an Evidence of Insurability form subject to approval by the insurance company. Minimum amount of coverage is \$20,000.

Spouse Name *(First, Middle Initial, Last)* _____ Birth Date _____

Spouse Life Insurance Election

- I currently have spouse life coverage of: \$ _____.
- I am applying for additional spouse life coverage of: \$ _____ (\$10,000 increments)
- Total spouse life coverage (current plus additional): \$ _____.
- Waive coverage.

Spouse AD&D Insurance Election

- Amount equal to spouse life coverage up to \$500,000
- Waive coverage.

Note: The employee is the beneficiary for any Spouse insurance coverage.

CHILDREN LIFE INSURANCE

Coverage of \$2,000 to \$10,000 is available.

Children Life Insurance Election

- Elect: \$ _____ (\$2,000 increments)
- Waive coverage.

Note: The employee is the beneficiary for any Children insurance coverage.

SPOUSE AND CHILDREN INFORMATION


Enter information below. If additional space is required please attach a separate document.

	Spouse Name <i>(First, MI, Last)</i>	DOB	Gender	SSN
			<input type="checkbox"/> M <input type="checkbox"/> F	
	Address			Phone ()

	Child Name <i>(First, MI, Last)</i>	DOB	Gender	SSN
1			<input type="checkbox"/> M <input type="checkbox"/> F	
	Address			Phone ()
2			<input type="checkbox"/> M <input type="checkbox"/> F	
	Address			Phone ()
3			<input type="checkbox"/> M <input type="checkbox"/> F	
	Address			Phone ()

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life Insurance Company, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

 Employee Signature _____ Date _____

FRAUD WARNINGS

Arkansas, Maine, Ohio, Oklahoma, Rhode Island, Tennessee, Washington, West Virginia: Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

