

Plan Highlights

Voluntary Group Term Life Insurance



Decatur County 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) - \$15,000

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

Benefit Amount	Premium
\$10,000	\$1.60
\$20,000	\$3.20
\$30,000	\$4.80
\$40,000	\$6.40
\$50,000	\$8.00
\$60,000	\$9.60
\$70,000	\$11.20
\$80,000	\$12.80

Benefit Amount	Premium
\$90,000	\$14.40
\$100,000	\$16.00
\$110,000	\$17.60
\$120,000	\$19.20
\$130,000	\$20.80
\$140,000	\$22.40
\$150,000	\$24.00

This Plan Highlights is a brief description of the key features of the RSL 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. Insurance is provided under group policy form LRS-6422.et al.