

Plan Highlights

Group Basic Life and AD&D, Supplemental and Dependent Life Insurance



City of Lawrenceburg

ELIGIBILITY

You are a member if you are an active employee of the City of Lawrenceburg and regularly working at least 30 hours each week OR an active Mayor or City Council member of the City of Lawrenceburg.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ your legal spouse not legally separated or divorced from you or your domestic partner.
- ▶ your unmarried financially dependent children* age 14 days to 20 years (to 26 years if full-time student), *natural and adopted children; stepchildren and foster children in your custody.

Age limit does 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

Basic Life and AD&D

\$30,000

Supplemental Life

Choose from a minimum of \$10,000 to a maximum of \$300,000 in \$10,000 increments

Amounts of life insurance equal to \$150,000 or more may be subject to an earnings cap.

Dependent Life

Spouse \$10,000

(spouse amount may not exceed 50% of employee amount)

Dependent Child(ren)

Birth to 6 months : \$500

6 months to age 20 : \$4,000

(up to age 26 if a full-time student)

GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee: \$150,000

Spouse: \$10,000

Child: all child amounts are guaranteed issue

CONTRIBUTION REQUIREMENTS

Basic Life (and AD&D):

Coverage is 100% employer paid.

Supplemental Life:

Coverage is 100% employee paid.

Spouse: Coverage is employer paid

Dependent Child(ren): Coverage is employer paid

AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or One foot	50%
Sight of one eye	50%
Speech or hearing	50%

BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

Age	Original Benefit
	Reduced To
70	50%

RATE

See attached Rate Sheet.

FEATURES

- ▶ Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- ▶ Air Bag Benefit
- ▶ Portability
- ▶ Seat Belt Benefit
- ▶ Waiver of Premium

VALUE ADDED SERVICES

- ▶ Travel Assistance Service

EXCLUSIONS

AD&D EXCLUSIONS:

AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

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.

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.

RELIANCE STANDARD

LIFE INSURANCE COMPANY

City of Lawrenceburg

Basic Life (Employer Paid)

Flat \$30,000

AD&D (Employer Paid)

Flat \$30,000

DEPENDENT (Employer Paid)

Spouse- \$10,000

Child- \$ 4,000

SUPPLEMENTAL

Increments of \$10,000 up to \$300,000

Age of EE	Rates/\$1,000
18-24	\$0.070
25-29	\$0.070
30-34	\$0.080
35-39	\$0.100
40-44	\$0.170
45-49	\$0.240
50-54	\$0.410
55-59	\$0.730
60-64	\$1.150
65-69	\$2.880
70+	\$3.880

To calculate your premium:

1. Amount Elected: Write this amount on the Additional Life requested amount line on your Enrollment and Change Form. Line 1: _____

2. Line 1 divided by \$1,000 = Line 2. Line 2: _____

3. Select your rate from the rate table and enter on Line 3. Line 3: _____

4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

Presented by: Mark III Brokerage Inc.



TOKIOMARINE
GROUP