



## Voluntary Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Life Employee Brochure included in your packet or check with your human resources representative.

## Eligibility

To be eligible for this plan:

- You must be an active employee of an *employer* participating in the Western Healthcare Insurance Trust, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors.
- You must be regularly working the required number of hours designated by your *employer*
- Your *spouse* or *children* must not be full-time members of the armed forces of any country

## Employee Coverage Amount

You may elect Voluntary Life coverage in multiples of \$10,000 to a maximum of \$500,000 (not to exceed 5 times your *annual earnings*).

If you wish to become insured for an amount in excess of \$100,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Dependents Life insurance from Standard Insurance Company is also included in this plan.

Accidental Death and Dismemberment insurance from Standard Insurance Company is also included in this plan, if elected.

## Spouse Coverage Amount

This coverage is available in units of \$5,000 to a maximum of \$250,000, but not to exceed 100 percent of your Voluntary Life coverage.

If you elect an amount for your *spouse* greater than \$50,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

## Coverage Amount for Children

You may elect increments of \$2,500 from \$2,500 to \$10,000 of Dependents Life insurance for your eligible *children*. This amount may not exceed 100 percent of your Voluntary Life coverage.

**Employee Rates**

If you elect Voluntary Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Age as of the last January 1st	Rate Per \$1000 of Total Coverage
<30	\$0.063
30-34	\$0.080
35-39	\$0.090
40-44	\$0.124
45-49	\$0.198
50-54	\$0.298
55-59	\$0.496
60-64	\$0.757
65-69	\$1.327
70-74	\$2.430
75-79	\$4.340
80+	\$7.415

To calculate your premium:

1. Amount Elected: Write this amount on the 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: \_\_\_\_\_

**Spouse Rates**

If you elect Voluntary Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Age as of the last January 1st	Rate Per \$1000 of Total Coverage
<30	\$0.063
30-34	\$0.080
35-39	\$0.090
40-44	\$0.124
45-49	\$0.198
50-54	\$0.298
55-59	\$0.496
60-64	\$0.757
65-69	\$1.327
70-74	\$2.430
75-79	\$4.340
80+	\$7.415

To calculate the premium for your spouse:

1. Amount Elected: Write this amount on the Dependent Life Spouse 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: \_\_\_\_\_

**Child(ren) Rates**

Monthly rate per *member* is \$.20 per \$1,000 of Dependents Life insurance for your eligible *children*, regardless of the number of eligible *children* covered.

### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance including Dependents Life Insurance, your insurance will not become effective until the day after you complete 1 full day of *active work* as an eligible employee.

### Age Reductions

Under this plan, coverage reduces to 65 percent at age 65, 50 percent at age 70, and 25 percent at age 75. If you or your *spouse* are age 65 or over, ask your human resources representative for the amount of coverage available.

### Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become *totally disabled* while insured under the *group policy*
- Are under the age of 60
- Complete the *waiting period* of 180 days
- Give us satisfactory *proof of loss*

*Waiver of Premium* does not apply to AD&D insurance.

### Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

### When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the *group policy*
- The date your *employer's* coverage under the *group policy* for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the *dependent* ceases to be an eligible *dependent*
- For your *spouse*, the date of your divorce
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given

### Accidental Death & Dismemberment (AD&D) Insurance

With Voluntary AD&D Insurance from Standard Insurance Company, you or your *beneficiaries* may be eligible to receive an additional amount in the event of death or dismemberment as a result of an accident.

**AD&D Insurance Coverage Amount**

You may elect Voluntary AD&D coverage in multiples of \$25,000 to a maximum of \$500,000. Amounts in excess of \$250,000 cannot exceed 10 times your *annual earnings*.

If you elect coverage for yourself, you may also elect coverage for your *spouse* and *children* as follows:

Dependents Voluntary AD&D:

*Spouse* only: 60% of your Voluntary AD&D amount

*Children* only: 25% of your Voluntary AD&D amount, not to exceed \$25,000

*Spouse and Children*: 55% of your Voluntary AD&D amount for your *spouse*, and 15% of your Voluntary AD&D amount, not to exceed \$25,000, for your eligible *children*.

The amount of this *AD&D Insurance Benefit* for other covered *losses* is a percentage of the amount payable for Voluntary AD&D coverage on the date of the accident, as shown in the following table:

<u>Loss:</u>	<u>Percentage Payable:</u>
One hand or one foot	50%
Sight in one eye, speech, or hearing in both ears	50%
Two or more of the <i>losses</i> listed above	100%
Thumb and index finger of the same hand	25%
<i>Quadriplegia</i>	100%
<i>Hemiplegia</i>	50%
<i>Paraplegia</i>	50%

**Voluntary AD&D Rates**

<u>Coverage</u>	<u>Cost per \$1,000 of Coverage</u>
Employee Only	\$0.019
Employee and <i>Dependents</i>	\$0.039

To calculate Employee Only Voluntary AD&D premium:

$$\frac{\text{Amount Elected}}{\$1,000} = \text{_____} \times \$0.019 = \text{_____}$$

Your monthly cost

To calculate Employee and *Dependents* Voluntary AD&D premium:

$$\frac{\text{Amount Elected}}{\$1,000} = \text{_____} \times \$0.039 = \text{_____}$$

Your monthly cost

**Additional Features**

Following are brief descriptions of features included in this plan. These features offer additional benefits when an *AD&D Insurance Benefit* is payable.

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| Seat Belt Benefit | This provision provides an additional benefit in the event of a covered <i>automobile</i> accident. |
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| Family Benefits Package | Through this provision, your eligible family members may be entitled to receive additional financial help for child care, college or career training. Included are the <i>Child Care Benefit</i> , <i>Higher Education Benefit</i> and <i>Career Adjustment Benefit</i> . |
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| Public Transportation | This provision provides an additional benefit in the event of death as a result of an accident that occurs while you are riding as a fare-paying passenger on public transportation. |
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| Common Disaster Benefit | This provision provides an additional benefit to your <i>child</i> if both you and your <i>spouse</i> die as a result of the same accident for which an <i>AD&amp;D Insurance Benefit</i> is payable for the <i>loss</i> of both lives. |
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### Limitations

The *loss* must occur solely by an accident and independently of all other causes within 365 days after the accident. *Loss of life* must be evidenced by a certified copy of the death certificate. All other *losses* must be certified by a *physician* in the appropriate specialty as determined by us.

### Exclusions

*AD&D Insurance Benefits* are not payable for death or dismemberment caused or contributed to by:

- *War* or act of *war*, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted *injury*, subject to state variations
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a *physician*
- *Sickness* or *pregnancy* existing at the time of the accident
- Heart attack or stroke
- Boarding, leaving, or being in or on any kind of aircraft. However, this exclusion will not apply if the person who suffers the *Los* is a fare paying passenger on a commercial aircraft.
- Medical or surgical treatment for any of the above

### When Coverage Ends

*AD&D* insurance for you and your *dependents* will automatically end on the earliest of the following:

- The date your *Waiver of Premium* begins
- The date *AD&D* insurance terminates under the *group policy*
- The date the last period ends for which a premium was paid for your *AD&D* insurance
- The date your *employer's* coverage under the *group policy* for *AD&D* insurance terminates
- The date your employment terminates

### Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.