Voluntary Life

Gilbert Community School District

Voluntary Life Annual Enrollment

Annual Enrollment is here and it's time for you to evaluate your current benefit elections. If you are currently enrolled in the plan, you may wish to increase your coverage amount or add coverage for dependents. If you didn't enroll in the past, but have reconsidered your decision, now is the time to enroll.

- ◆ Currently Enrolled employees If you are currently enrolled for Voluntary Life insurance, you may be able to purchase another \$10,000 of coverage for yourself without proof of good health. Proof of good health is not required for the \$10,000 increase if you are currently enrolled for an amount less than \$130,000. Proof of good health is required for any increase in excess of \$10,000 or if your new election will give you an amount of coverage in excess of \$130,000. Proof of good health will always be required for an increase in dependent coverage.
- ◆ Late Entrants If you and your dependents were previously eligible for, but did not enroll for Voluntary Life insurance, you are a late entrant. You may be required to provide proof of good health (please see your certificate of insurance for details).
- ◆ Timely Entrants (New Hires) If you are a new hire, and are applying within 31 days of becoming eligible, the employee Guarantee Issue amount is \$130,000. This means you will be able to purchase up to \$130,000 of Life insurance coverage without having to fill out a health questionnaire. The Guarantee Issue amount for spouses is \$50,000, and for children, \$10,000, provided the application for coverage is made within 31 days of meeting eligibility requirements.
- What forms do I complete to add or change benefits?

Complete the enrollment request form and return it to your Human Resources representative. Make sure you answer all questions that apply to your benefit elections. Your coverage will become effective on the entry date specified in the group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to your full-time duties. Dependent coverage will become effective according to the policy entry date unless your dependent is in a hospital or similar facility on that day, or if your dependent spouse is disabled on that day.

Your plan includes the following features:

Eligibility

- ♦ You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.
- ♦ Dependent Life insurance is available for your eligible dependents as described in your certificate of insurance.
- If you and your spouse work for the same employer and are both eligible for this insurance as employees, you cannot cover each other as dependents, and only one of you may insure any dependent children.

Voluntary Life Schedule Amounts

◆ Life insurance coverage is available in \$10,000 units from a minimum of \$20,000 to a maximum of \$500,000, not to exceed 5 times your basic annual earnings.

- ♦ At age 70, we will reduce by 33% the original Life insurance amount, rounded to the next higher \$10,000, if not already an exact multiple of \$10,000; at age 75, reduce by 33% of the inforce amount, similarly rounded. The reduced amount will not be less than \$20,000.
- ♦ If you elect coverage for yourself, you can buy up to 50% of that amount for your spouse in \$5,000 units to a maximum of \$250,000. If you elect child coverage, your children are eligible to be covered for \$1,000, \$5,000 or \$10,000 each. The amount of insurance for an eligible dependent cannot be more than 50% of your Life insurance amount.

Accidental Death and Dismemberment Insurance (AD&D)

- ♦ The AD&D benefit, if elected, equals the employee Life amount, to a maximum of \$500,000. AD&D provides 24-hour coverage and a benefit in the event of your loss of life, limb or eyesight as a direct result of an accident, provided the loss occurs within 365 days of the accident.
- AD&D Exclusions We will not pay benefits if the loss results directly or indirectly from war; riot or insurrection; service in the armed forces; physical or mental disease; infection (except pyogenic infection that occurs from an accidental wound); assault or felony committed by the covered person; suicide or attempted suicide; intentionally self-inflicted injury; the use of any drug, unless it is used as prescribed by a doctor; or your intoxication, including but not limited to operating a motor vehicle while you are intoxicated.

Additional Features

- ♦ If you become disabled, your premiums may be waived to the earliest of age 65, recovery or retirement if disabled prior to age 60. If you become disabled at age 60 through 64, the waiver of premium will be to the earliest of one year, age 65 or retirement. You may be considered disabled for Life insurance if you are considered disabled under our Long-Term Disability policy. Any time Life insurance is continued under the Waiver of Premium, AD&D insurance will also be continued (and the premium waived) for up to 1 year from the date of disability. Limitations and exclusions apply.
- ♦ An Accelerated Benefit pays up to 80% of the Life benefit to a maximum of \$250,000 in the event of a lifethreatening medical condition where there is a life expectancy of 12 months or less. An Accelerated Benefit may also be available for an insured spouse. Limitations and exclusions apply.
- ♦ Plan portability allows you to continue coverage for up to 3 years after terminating current employment. Limitations and exclusions apply.
- ♦ A Conversion Privilege allows you to convert to an individual policy if any or all of your Life insurance ends while you are insured under our group Life policy. AD&D coverage is not eligible for conversion. Limitations and exclusions apply.

For insureds or dependents who commit suicide within the first year after the effective date of their coverage, the only benefit amount payable is a refund of the amount of the insured's contributions. This coverage has limitations and exclusions. Not all plan provisions or options are available in all states. In addition, some states require modifications to the benefits described here. For complete details, please contact your company's benefits representative or refer to your benefit booklet. This highlight sheet provides a brief description of coverage. In the event that a discrepancy exists, the policy provisions will prevail. We can cancel the policy after giving the policyholder 31 days written notice.

Assurant Employee Benefits

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Voluntary Life Monthly Premium Deduction Schedules For: Gilbert Community School District

Employee Life Premiums											AD&D							
	Premiums are based on the employee's age on each policy anniversary																	
Benefit in	1 <20	20-24	25-29	30-34	35-39	40-44	Age 45-49	50-54	55-59	60-64	65-69	70-74	75+	<30	30-39	Age 40-49	50-64	65+
\$20	0.52	1.04	1.04	1.04	1.56	2.60	4.16	7.28	14.04	20.80	35.36	63.44	234.52	0.52	1.04	1.04	1.04	1.56
\$20 \$30	0.78	1.56	1.56	1.56	2.34	3.90	6.24	10.92	21.06	31.20	53.04	95.16	351.78	0.78	1.56	1.56	1.56	2.34
\$40	1.04	2.08	2.08	2.08	3.12	5.20	8.32	14.56	28.08	41.60	70.72	126.88	469.04	1.04	2.08	2.08	2.08	3.12
\$50	1.30	2.60	2.60	2.60	3.90	6.50	10.40	18.20	35.10	52.00	88.40	158.60	586.30	1.30	2.60	2.60	2.60	3.90
\$60	1.56	3.12	3.12	3.12	4.68	7.80	12.48	21.84	42.12	62.40	106.08	190.32	703.56	1.56	3.12	3.12	3.12	4.68
\$70	1.82	3.64	3.64	3.64	5.46	9.10	14.56	25.48	49.14	72.80	123.76	222.04	820.82	1.82	3.64	3.64	3.64	5.46
\$80	2.08	4.16	4.16	4.16	6.24	10.40	16.64	29.12	56.16	83.20	141.44	253.76	938.08	2.08	4.16	4.16	4.16	6.24
\$90	2.34	4.68	4.68	4.68	7.02	11.70	18.72	32.76	63.18	93.60	159.12	285.48	1055.34	2.34	4.68	4.68	4.68	7.02
\$100	2.60	5.20	5.20	5.20	7.80	13.00	20.80	36.40	70.20	104.00	176.80	317.20	1172.60	2.60	5.20	5.20	5.20	7.80
\$110	2.86	5.72	5.72	5.72	8.58	14.30	22.88	40.04	77.22	114.40	194.48	348.92	1289.86	2.86	5.72	5.72	5.72	8.58
\$120	3.12	6.24	6.24	6.24	9.36	15.60	24.96	43.68	84.24	124.80	212.16	380.64	1407.12	3.12	6.24	6.24	6.24	9.36
\$130	3.38	6.76	6.76	6.76	10.14	16.90	27.04	47.32	91.26	135.20	229.84	412.36	1524.38	3.38	6.76	6.76	6.76	10.14
\$140	3.64	7.28	7.28	7.28	10.92	18.20	29.12	50.96	98.28	145.60	247.52	444.08	1641.64	3.64	7.28	7.28	7.28	10.92
\$150	3.90	7.80	7.80	7.80	11.70	19.50	31.20	54.60	105.30	156.00	265.20	475.80	1758.90	3.90	7.80	7.80	7.80	11.70
\$160	4.16	8.32	8.32	8.32	12.48	20.80	33.28	58.24	112.32	166.40	282.88	507.52	1876.16	4.16	8.32	8.32	8.32	12.48
\$170	4.42	8.84	8.84	8.84	13.26	22.10	35.36	61.88	119.34	176.80	300.56	539.24	1993.42	4.42	8.84	8.84	8.84	13.26
\$180	4.68	9.36	9.36	9.36	14.04	23.40	37.44	65.52	126.36	187.20	318.24	570.96	2110.68	4.68	9.36	9.36	9.36	14.04
\$190	4.94	9.88	9.88	9.88	14.82	24.70	39.52	69.16	133.38	197.60	335.92	602.68	2227.94	4.94	9.88	9.88	9.88	14.82
\$200	5.20	10.40	10.40	10.40	15.60	26.00	41.60	72.80	140.40	208.00	353.60	634.40	2345.20	5.20	10.40	10.40	10.40	15.60
\$210	5.46	10.92	10.92	10.92	16.38	27.30	43.68	76.44	147.42	218.40	371.28	666.12	2462.46	5.46	10.92	10.92	10.92	16.38
\$220	5.72	11.44	11.44	11.44	17.16	28.60	45.76	80.08	154.44	228.80	388.96	697.84	2579.72	5.72	11.44	11.44	11.44	17.16
\$230	5.98	11.96	11.96	11.96	17.94	29.90	47.84	83.72	161.46	239.20	406.64	729.56	2696.98	5.98	11.96	11.96	11.96	17.94
\$240	6.24	12.48	12.48	12.48	18.72	31.20	49.92	87.36	168.48	249.60	424.32	761.28	2814.24	6.24	12.48	12.48	12.48	18.72
\$250	6.50	13.00	13.00	13.00	19.50	32.50	52.00	91.00	175.50	260.00	442.00	793.00	2931.50	6.50	13.00	13.00	13.00	19.50
\$260	6.76	13.52	13.52	13.52	20.28	33.80	54.08	94.64	182.52	270.40	459.68	824.72	3048.76	6.76	13.52	13.52	13.52	20.28
\$270	7.02	14.04	14.04	14.04	21.06	35.10	56.16	98.28	189.54	280.80	477.36	856.44	3166.02	7.02	14.04	14.04	14.04	21.06
\$280	7.28	14.56	14.56	14.56	21.84	36.40	58.24	101.92	196.56	291.20	495.04	888.16	3283.28	7.28	14.56	14.56	14.56	21.84
\$290	7.54	15.08	15.08	15.08	22.62	37.70	60.32	105.56	203.58	301.60	512.72	919.88	3400.54	7.54	15.08	15.08	15.08	22.62
\$300	7.80	15.60	15.60	15.60	23.40	39.00	62.40	109.20	210.60	312.00	530.40	951.60	3517.80	7.80	15.60	15.60	15.60	23.40
\$350	9.10	18.20	18.20	18.20	27.30	45.50	72.80	127.40	245.70	364.00	618.80	1110.20	4104.10	9.10	18.20	18.20	18.20	27.30
\$400	10.40	20.80	20.80	20.80	31.20	52.00	83.20	145.60	280.80	416.00	707.20	1268.80	4690.40	10.40	20.80	20.80	20.80	31.20
\$450	11.70	23.40	23.40	23.40	35.10	58.50	93.60	163.80	315.90	468.00	795.60	1427.40	5276.70	11.70	23.40	23.40	23.40	35.10
\$500	13.00	26.00	26.00	26.00	39.00	65.00	104.00	182.00	351.00	520.00	884.00	1586.00	5863.00	13.00	26.00	26.00	26.00	39.00

For premiums for benefit amounts not illustrated in this chart, please contact your Plan Administrator.

Assurant Employee Benefits Southdale Office Centre, 6600 France Avenue South, Suite 314 Minneapolis, MN 55435

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Spouse Life Premiums Premiums are based on the spouse's age on each policy anniversary Age Age													
											000's	<20	20-24
\$5	0.13	0.26	0.39	0.39	0.52	0.91	1.30	2.47	4.55	6.76	11.05	20.54	68.77
\$10	0.26	0.52	0.78	0.78	1.04	1.82	2.60	4.94	9.10	13.52	22.10	41.08	137.54
\$15	0.39	0.78	1.17	1.17	1.56	2.73	3.90	7.41	13.65	20.28	33.15	61.62	206.31
\$20	0.52	1.04	1.56	1.56	2.08	3.64	5.20	9.88	18.20	27.04	44.20	82.16	275.08
\$25	0.65	1.30	1.95	1.95	2.60	4.55	6.50	12.35	22.75	33.80	55.25	102.70	343.85
\$30	0.78	1.56	2.34	2.34	3.12	5.46	7.80	14.82	27.30	40.56	66.30	123.24	412.62
\$35	0.91	1.82	2.73	2.73	3.64	6.37	9.10	17.29	31.85	47.32	77.35	143.78	481.39
\$40	1.04	2.08	3.12	3.12	4.16	7.28	10.40	19.76	36.40	54.08	88.40	164.32	550.16
\$45	1.17	2.34	3.51	3.51	4.68	8.19	11.70	22.23	40.95	60.84	99.45	184.86	618.93
\$50	1.30	2.60	3.90	3.90	5.20	9.10	13.00	24.70	45.50	67.60	110.50	205.40	687.70
\$60	1.56	3.12	4.68	4.68	6.24	10.92	15.60	29.64	54.60	81.12	132.60	246.48	825.24
\$70	1.82	3.64	5.46	5.46	7.28	12.74	18.20	34.58	63.70	94.64	154.70	287.56	962.78
\$80	2.08	4.16	6.24	6.24	8.32	14.56	20.80	39.52	72.80	108.16	176.80	328.64	1100.32
\$90	2.34	4.68	7.02	7.02	9.36	16.38	23.40	44.46	81.90	121.68	198.90	369.72	1237.86
\$100	2.60	5.20	7.80	7.80	10.40	18.20	26.00	49.40	91.00	135.20	221.00	410.80	1375.40
\$110	2.86	5.72	8.58	8.58	11.44	20.02	28.60	54.34	100.10	148.72	243.10	451.88	1512.94
\$120	3.12	6.24	9.36	9.36	12.48	21.84	31.20	59.28	109.20	162.24	265.20	492.96	1650.48
\$130	3.38	6.76	10.14	10.14	13.52	23.66	33.80	64.22	118.30	175.76	287.30	534.04	1788.02
\$140	3.64	7.28	10.92	10.92	14.56	25.48	36.40	69.16	127.40	189.28	309.40	575.12	1925.56
\$150	3.90	7.80	11.70	11.70	15.60	27.30	39.00	74.10	136.50	202.80	331.50	616.20	2063.10
\$160	4.16	8.32	12.48	12.48	16.64	29.12	41.60	79.04	145.60	216.32	353.60	657.28	2200.64
\$170	4.42	8.84	13.26	13.26	17.68	30.94	44.20	83.98	154.70	229.84	375.70	698.36	2338.18
\$180	4.68	9.36	14.04	14.04	18.72	32.76	46.80	88.92	163.80	243.36	397.80	739.44	2475.72
\$190	4.94	9.88	14.82	14.82	19.76	34.58	49.40	93.86	172.90	256.88	419.90	780.52	2613.26
\$200	5.20	10.40	15.60	15.60	20.80	36.40	52.00	98.80	182.00	270.40	442.00	821.60	2750.80
\$210	5.46	10.92	16.38	16.38	21.84	38.22	54.60	103.74	191.10	283.92	464.10	862.68	2888.34
\$220	5.72	11.44	17.16	17.16	22.88	40.04	57.20	108.68	200.20	297.44	486.20	903.76	3025.88
\$230	5.98	11.96	17.94	17.94	23.92	41.86	59.80	113.62	209.30	310.96	508.30	944.84	3163.42
\$240	6.24	12.48	18.72	18.72	24.96	43.68	62.40	118.56	218.40	324.48	530.40	985.92	3300.96
\$250	6.50	13.00	19.50	19.50	26.00	45.50	65.00	123.50	227.50	338.00	552.50	1027.00	3438.50

Child Amount	\$1,000	\$5,000	\$10,000
Child Life only Premium	0.18	0.91	1.82