



# Voluntary Term Life Insurance

FOR EMPLOYEES OF THE HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE, DBA HUNTSVILLE HOSPITAL

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 32 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse to be eligible for coverage, you must elect coverage for yourself.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

## COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
<b>For You</b>	1 times annual salary	3 times annual salary, up to \$300,000	3 times annual salary, up to \$2,000,000
<b>Spouse</b>	\$10,000	\$50,000	Option \$10,000, \$25,000 or \$50,000
<b>Children</b>	\$10,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

## BENEFITS

<b>Life Insurance Benefit Amount</b>	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	<p>For you: The Principal Sum amount is equal to the amount of life insurance benefit.</p> <p>AD&amp;D coverage is available if you are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

## FEATURES

<b>Living Care/ Accelerated Death Benefit</b>	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$500,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.

<b>Portability</b>	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

### **SERVICES**

<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
<b>Will Prep Services</b>	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit <a href="http://www.willprepservices.com">www.willprepservices.com</a> .

### **AGE REDUCTIONS AND EXCLUSIONS**

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 50%

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

## Coverage Selection and Premium Calculation – Employee

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

Use the rates in the Age/Premium Table to calculate your benefit and premium for Voluntary Term Life and AD&D coverage in the worksheet below, using the example as a guide.

<b>AGE/PREMIUM TABLE</b>	
<b>Age</b>	<b>Rate (per \$1,000 of coverage)</b>
<b>0 - 39</b>	\$0.12
<b>40 - 49</b>	\$0.22
<b>50 - 69</b>	\$0.42
<b>70+</b>	\$1.02

<b>BENEFIT AND PREMIUM CALCULATION EXAMPLE</b>	
This example is for a 42-year-old employee, earning \$41,676.51 a year.	
A. Enter your annual salary*	\$41,676.51
B. Determine the amount of coverage you want: (1 to 3 times annual salary, in increments of 1)	2
C. Multiply "A" times "B"	\$83,353.02
D. Round "C" up to the next higher \$5,000	\$85,000
E. Enter the Maximum coverage amount (3 times "A" rounded up to the next higher \$5,000, or \$2,000,000, whichever is less)	\$130,000
F. Enter the lesser of "D" or "E"; This is your benefit amount	\$85,000
G. Divide "F" by 1,000	85
H. Enter the annual rate for your age (from the Age/Premium Table)	\$0.22
I. Multiply "G" times "H"	\$18.70
J. Multiply "I" by 12	\$224.40
K. Enter the pay cycle	24
L. Divide "J" by "K"; This is your cost per paycheck	\$9.35

<b>BENEFIT AND PREMIUM CALCULATION WORKSHEET</b>	
A. Enter your annual salary*	
B. Determine the amount of coverage you want: (1 to 3 times annual salary, in increments of 1)	
C. Multiply "A" times "B"	
D. Round "C" up to the next higher \$5,000	
E. Enter the Maximum coverage amount (3 times "A" rounded up to the next higher \$5,000, or \$2,000,000, whichever is less)	
F. Enter the lesser of "D" or "E"; This is your benefit amount	
G. Divide "F" by 1,000	
H. Enter the annual rate for your age (from the Age/Premium Table)	
I. Multiply "G" times "H"	
J. Multiply "I" by 12	

K. Enter the pay cycle	24
L. Divide "J" by "K"; This is your cost per paycheck	

\*If you are uncertain what your current annual salary is, please consult your employer.

**To enroll for Voluntary Term Life and AD&D coverage:**

- 1) Indicate the amount of coverage you want by checking the appropriate box in the Voluntary Term Life and AD&D Benefit Amount section on your enrollment form.
- 2) Enter the amount from line "L" in your worksheet into the Voluntary Term Life and AD&D Premium Amount section on your enrollment form.

## Coverage Selection and Premium Calculation – Dependents

<b>SPOUSE PREMIUM TABLE</b>	
	<b>\$10,000, \$25,000, \$50,000</b>
	\$.25/\$1,000

<b>ALL CHILDREN PREMIUM TABLE</b>	
	<b>\$10,000</b>
	\$.63/unit

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.