



### ***Additional 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 Additional Life Employee Brochure included in your packet or check with your human resources representative.

### ***Employer Plan Effective Date***

Your *employer* will provide Basic Life coverage from The Standard. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount. A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. This level of participation has been agreed upon by your *employer* and The Standard.

### ***Eligibility***

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active employee of the City of Huntington Beach, regularly working at least 20 hours each week;
- The plan excludes temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors.
- For Dependents Life insurance – Your *spouse* or *children* must not be full-time members of the armed forces.

### ***Employee Coverage Amount***

You may elect Additional Life coverage in units of \$10,000 to a maximum of \$500,000. The minimum amount you can elect is \$10,000.

If you wish to become insured for an amount of Additional Life in excess of \$150,000, 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.

### ***Spouse Coverage Amount***

This coverage is available in units of \$10,000 to a maximum of \$500,000, but not to exceed 100 percent of your combined Basic and Additional 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***

If you are enrolled for Additional Life, you may elect \$2,500, \$5,000, \$7,500 or \$10,000 of Dependents Life insurance for your eligible *children*. This amount may not exceed 100 percent of your combined Basic and Additional Life coverage. All late applications will be subject to medical underwriting approval.

### ***Employee Rates***

If you elect Additional 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.

Employee Age (as of January 1 <sup>st</sup> )	Rate (Per \$1000 of Total Coverage)
<30	\$0.081
30-34	\$0.078
35-39	\$0.113
40-44	\$0.187
45-49	\$0.317
50-54	\$0.519
55-59	\$0.894
60-64	\$1.075
65-69	\$1.604
70+	\$3.025

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional 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 Dependents 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.

Spouse's Age (as of January 1 <sup>st</sup> )	Rate (Per \$1000 of Total Coverage)
<30	\$0.081
30-34	\$0.078
35-39	\$0.113
40-44	\$0.187
45-49	\$0.317
50-54	\$0.519
55-59	\$0.894
60-64	\$1.075
65-69	\$1.604
70+	\$3.025

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***

If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.42 for \$2,500, \$0.82 for \$5,000, \$1.22 for \$7,500 and \$1.62 for \$10,000; regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck.

## ***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 by 35 percent at age 70, 50 percent at age 75.

## ***Suicide Exclusion***

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted *injury*. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

## ***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*

## ***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.

## ***Accelerated Death Benefit***

If you have a life expectancy of less than 12 months, you may qualify for an Accelerated Death Benefit of up to 75% of your insurance.

## ***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 or legal separation
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given