



**Additional Life Insurance**

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children’s education, and more in the event of your passing. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through Ector County Independent School District.

**Eligibility Requirements**

- You must be insured for Basic Life through The Standard
- You must be an active employee of Ector County Independent School District working at least 20 hours each week
- Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- **You cannot be insured as both an employee and a dependent**

**Dependent**

- You must elect Additional Life insurance for yourself in order to elect Dependents Life insurance
- Spouse means a person to whom you are legally married
- Child means your unmarried child from live birth through age 25
- **Your child cannot be insured by more than one employee**
- Your spouse or children must not be full-time member(s) of the armed forces

**Premium**

- You pay 100 percent of the premium for this coverage through easy payroll deduction

**Coverage Amount Guidelines**

Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
<b>Employee</b>	\$5,000	\$5,000	\$200,000	\$500,000
<b>Spouse</b>	\$5,000	\$5,000	\$25,000	\$250,000

<b>Child</b>	Choice of \$5,000 or \$10,000
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Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: [http://www.standard.com/mybenefits/mhs\\_ho.html](http://www.standard.com/mybenefits/mhs_ho.html).
- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- During your employers 2022 special open enrollment, you or your spouse may become insured or elect to increase your insurance up to the Guarantee Issue Amount listed above. Any amounts over the Guarantee Issue Amount are subject to medical history.
- During your employers subsequent annual enrollments:
  - You may increase your insurance by one increment of \$10,000, not to exceed the Guarantee Issue Amount shown above. All amounts over the Guarantee Issue Amount are subject to medical history.
  - Your Spouse may increase their insurance by one increment of \$5,000, not to exceed the Guarantee Issue Amount shown above. All amounts over the Guarantee Issue Amount are subject to medical history.
- Your combined Basic Life and Additional Life amounts may not exceed a maximum of 8 times your Annual Earnings.

- The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage.
- The coverage amount for your child(ren) cannot exceed 50 percent of your Additional Life coverage.

**Coverage Amount Needed**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: <http://www.standard.com/lifeneeds>.

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

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 one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

**Life Age Reductions**

Your insurance does not reduce due to age

**Life Insurance Exclusions**

This plan contains 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.

**Life Insurance Features and Benefits**

Please see your human resources representative for additional information about the features and benefits below.

- Waiver of Premium**      If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Basic and Additional Life insurance may continue without premium payment until you reach normal social security retirement age, provided you give us satisfactory proof that you remain totally disabled.
- Accelerated Benefit**      If you become terminally ill, you may be eligible to receive up to 80 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.
- Portability**              If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
- Conversion**              If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health.

**When Insurance Ends**

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your employment terminates. However, if you have a contract with the Employer, and your employment terminates on the last day of the school year, your insurance will be continued through the last day of the calendar month of your contract year, provided that premium contributions are paid through the end of that calendar month
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

**Group Insurance Certificate**

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Employee Rates**

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

Employee's Age (as of Jan 1st)	Rate (Per \$1,000 of Total Coverage)
<30	\$0.060
30-34	\$0.090
35-39	\$0.090
40-44	\$0.130
45-49	\$0.190
50-54	\$0.300
55-59	\$0.560
60-64	\$0.860
65+	\$1.660

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: \_\_\_\_\_

**Spouse Rates**

If you elect Dependents Life insurance for your spouse, your monthly 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 Jan 1)	Rate (Per \$1,000 of Total Coverage)
<30	\$0.060
30-34	\$0.090
35-39	\$0.090
40-44	\$0.130
45-49	\$0.190
50-54	\$0.300
55-59	\$0.560
60-64	\$0.860
65+	\$1.660

To calculate the premium for your spouse:

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

**Child Rates**

If you elect Dependents Life insurance for your eligible child(ren), your monthly rate for this coverage is \$0.050 per \$1,000 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.



### **Standard Insurance Company**

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at [www.standard.com](http://www.standard.com).

\* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

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GP190-LIFE/S399, GP399-LIFE/TRUST,  
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