

## Voluntary Group Term Life Insurance

2020 Annual Enrollment  
Enrollment Dates  
Start Date: April 20, 2020  
End Date: April 24, 2020



Spearman ISD - VGTL 675576

*Currently enrolled employees may increase coverage for themselves and spouse under age 60 by \$10,000 up to the guarantee issue amount.*

### ELIGIBILITY

**Employees:** Each Active, Full-time employee working 20 or more hours per week, except any person working on a temporary or seasonal basis.

**Dependents:** You or your spouse must be insured in order for Dependent children to be covered.

Dependents are:

▶ Your legal spouse or domestic partner under age 70.

Spouse coverage terminates at age 75.

▶ Your unmarried financially dependent children\* age 14 days to 20 years (to 26 years if full-time student).

\*natural and adopted children upon finalization of adoption; stepchildren and foster children living with you.

Age limit does not apply to handicapped children.

A person may not have coverage as both an Employee and Dependent.

Only one insured spouse may cover Dependent children.

### BENEFIT AMOUNT

**Employee and Spouse:** Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse. The benefit amounts chosen need not be the same.

**Eligible Dependent Child(ren):** 14 Days to 6 months:

\$1,000

Age 6 months to 20 years of age (26, if full-time student):

choice of

\$10,000.

Choose one benefit amount for all eligible children in family.

### GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

**Employee:**

Under age 60: \$150,000

Age 60 but under age 70: \$150,000

Age 70 or older: \$150,000

**Spouse:**

Under age 60: \$50,000 (requires you to apply for at least \$50,000 for yourself)

Age 60 or older: none

GUARANTEED ISSUE is subject to underwriting rules and is not available in all circumstances.

### CONTRIBUTION REQUIREMENTS

Coverage is employee paid.

### BENEFIT REDUCTION DUE TO AGE

(applicable to employee coverage)

#### AT AGE FACE AMOUNT REDUCES TO:

75-79 60% of available or in force amount at age 74

80-84 35% of available or in force amount at age 74

85-89 27.5% of available or in force amount at age 74

90-94 20% of available or in force amount at age 74

95-99 7.5% of available or in force amount at age 74

100 + 5% of available or in force amount at age 74

### RATE

See attached Rate Sheet.

### FEATURES

▶ Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)

▶ Portability

▶ Waiver of Premium

### EXCLUSIONS

Death by suicide is not covered during the first two years an insured's insurance is in force. Insurance coverage is incontestable after it has been in force two years during the insured's lifetime, except for non-payment of premium.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8349, et al.