

Plan Highlights

Voluntary Group Term Life



Allegheny County School

ELIGIBILITY

Employees: All Active Full-Time Employees working 15 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you
- ▶ Your unmarried financially dependent children age 14 days to 26 years (to 26 years if full-time student).
- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

GUARANTEED ISSUE

Initial eligibility period only

Employee:

Under age 60: \$150,000

Age 60 but less than age 70: \$150,000

Age 70 and over: \$150,000

Spouse:

Under age 60: \$50,000

Age 60 but less than age 70: none

Age 70 and over: none

Child: all child amounts are guaranteed issue

BENEFIT AMOUNT

Voluntary Life:

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments; subject to a salary cap of 10 times base annual earnings.

Dependent Spouse: Choose from a minimum of \$10,000, a maximum of \$50,000 in \$10,000 increments

Dependent Child(ren):

14 days but less than 6 months: \$1,000.

6 months through age 26: \$5,000 or \$10,000.

(up to age 26 if a full-time student)

CONTRIBUTION REQUIREMENTS

Voluntary Life:

Coverage is 100% employee paid.

Dependent Spouse:

Coverage is 100% employee paid.

Dependent Child(ren):

Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse 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

EXCLUSIONS

LIMITATIONS:

If you or your insured dependent die by suicide, while sane or insane, within two (2) years of your effective date for Voluntary Life, Dependent Spouse, and/or Dependent Child(ren) insurance coverage, our payment will be limited to a refund of all life insurance premiums paid prior to the date of death.

For a comprehensive list of exclusions and specific 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. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

**Reliance Standard Voluntary Plans
Voluntary Group Term Life Insurance
Premium Table**

Plan Holder: Allegheny County Schools - VG # 675548

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

To find you and your spouse's premium –

Determine your age band: Your age = your age at your last birthday.

Select a benefit amount (employees age 75 and older: see above comment - do not select a calculated reduced amount).

Spouse premium: Your spouse must be under age 70 to be enrolled.

Employee and spouse rates change as insured moves from one age bracket to the next.

9 Pay Premiums

Benefit Amount	Age 19-39	Age 40-59	Age 60-150
\$10,000.00	\$1.60	\$3.60	\$5.00
\$20,000.00	\$3.20	\$7.20	\$10.00
\$30,000.00	\$4.80	\$10.80	\$15.00
\$40,000.00	\$6.40	\$14.40	\$20.00
\$50,000.00	\$8.00	\$18.00	\$25.00
\$60,000.00	\$9.60	\$21.60	\$30.00
\$70,000.00	\$11.20	\$25.20	\$35.00
\$80,000.00	\$12.80	\$28.80	\$40.00
\$90,000.00	\$14.40	\$32.40	\$45.00
\$100,000.00	\$16.00	\$36.00	\$50.00
\$110,000.00	\$17.60	\$39.60	\$55.00
\$120,000.00	\$19.20	\$43.20	\$60.00
\$130,000.00	\$20.80	\$46.80	\$65.00
\$140,000.00	\$22.40	\$50.40	\$70.00
\$150,000.00	\$24.00	\$54.00	\$75.00
\$160,000.00	\$25.60	\$57.60	\$80.00
\$170,000.00	\$27.20	\$61.20	\$85.00
\$180,000.00	\$28.80	\$64.80	\$90.00
\$190,000.00	\$30.40	\$68.40	\$95.00
\$200,000.00	\$32.00	\$72.00	\$100.00
\$210,000.00	\$33.60	\$75.60	\$105.00
\$220,000.00	\$35.20	\$79.20	\$110.00
\$230,000.00	\$36.80	\$82.80	\$115.00
\$240,000.00	\$38.40	\$86.40	\$120.00
\$250,000.00	\$40.00	\$90.00	\$125.00
\$260,000.00	\$41.60	\$93.60	\$130.00
\$270,000.00	\$43.20	\$97.20	\$135.00
\$280,000.00	\$44.80	\$100.80	\$140.00
\$290,000.00	\$46.40	\$104.40	\$145.00
\$300,000.00	\$48.00	\$108.00	\$150.00
\$310,000.00	\$49.60	\$111.60	\$155.00
\$320,000.00	\$51.20	\$115.20	\$160.00
\$330,000.00	\$52.80	\$118.80	\$165.00

\$340,000.00	\$54.40	\$122.40	\$170.00
\$350,000.00	\$56.00	\$126.00	\$175.00
\$360,000.00	\$57.60	\$129.60	\$180.00
\$370,000.00	\$59.20	\$133.20	\$185.00
\$380,000.00	\$60.80	\$136.80	\$190.00
\$390,000.00	\$62.40	\$140.40	\$195.00
\$400,000.00	\$64.00	\$144.00	\$200.00
\$410,000.00	\$65.60	\$147.60	\$205.00
\$420,000.00	\$67.20	\$151.20	\$210.00
\$430,000.00	\$68.80	\$154.80	\$215.00
\$440,000.00	\$70.40	\$158.40	\$220.00
\$450,000.00	\$72.00	\$162.00	\$225.00
\$460,000.00	\$73.60	\$165.60	\$230.00
\$470,000.00	\$75.20	\$169.20	\$235.00
\$480,000.00	\$76.80	\$172.80	\$240.00
\$490,000.00	\$78.40	\$176.40	\$245.00
\$500,000.00	\$80.00	\$180.00	\$250.00

DEPENDENT CHILD(REN) Monthly PREMIUMS:

Benefit Amount	Premium
\$5,000	\$0.91
\$10,000	\$1.81

(One rate for all eligible children in family, regardless of number) PREMIUM CALCULATION (Add your elections here):

Employee Premium:	\$
Spouse Premium	\$
Dependent Child(ren) Premium	\$
Total Premium	\$

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- You may not have coverage as both an employee and as a dependent.
 - Only one insured spouse may cover the eligible dependent children.
 - Neither you nor your spouse may hold more than a total of \$500,000 of group term life insurance with Reliance Standard under the master Group Policy. Insurance over that amount will be void and the premium refunded.
- Rates are subject to change.**

**Reliance Standard Voluntary Plans
Voluntary Group Term Life Insurance
Premium Table**

Plan Holder: Allegheny County Schools - VG # 675548

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

To find you and your spouse's premium –

Determine your age band: Your age = your age at your last birthday.

Select a benefit amount (employees age 75 and older: see above comment - do not select a calculated reduced amount).

Spouse premium: Your spouse must be under age 70 to be enrolled.

Employee and spouse rates change as insured moves from one age bracket to the next.

10 Pay Premiums

Benefit Amount	Age 19-39	Age 40-59	Age 60-150
\$10,000.00	\$1.44	\$3.24	\$4.50
\$20,000.00	\$2.88	\$6.48	\$9.00
\$30,000.00	\$4.32	\$9.72	\$13.50
\$40,000.00	\$5.76	\$12.96	\$18.00
\$50,000.00	\$7.20	\$16.20	\$22.50
\$60,000.00	\$8.64	\$19.44	\$27.00
\$70,000.00	\$10.08	\$22.68	\$31.50
\$80,000.00	\$11.52	\$25.92	\$36.00
\$90,000.00	\$12.96	\$29.16	\$40.50
\$100,000.00	\$14.40	\$32.40	\$45.00
\$110,000.00	\$15.84	\$35.64	\$49.50
\$120,000.00	\$17.28	\$38.88	\$54.00
\$130,000.00	\$18.72	\$42.12	\$58.50
\$140,000.00	\$20.16	\$45.36	\$63.00
\$150,000.00	\$21.60	\$48.60	\$67.50
\$160,000.00	\$23.04	\$51.84	\$72.00
\$170,000.00	\$24.48	\$55.08	\$76.50
\$180,000.00	\$25.92	\$58.32	\$81.00
\$190,000.00	\$27.36	\$61.56	\$85.50
\$200,000.00	\$28.80	\$64.80	\$90.00
\$210,000.00	\$30.24	\$68.04	\$94.50
\$220,000.00	\$31.68	\$71.28	\$99.00
\$230,000.00	\$33.12	\$74.52	\$103.50
\$240,000.00	\$34.56	\$77.76	\$108.00
\$250,000.00	\$36.00	\$81.00	\$112.50
\$260,000.00	\$37.44	\$84.24	\$117.00
\$270,000.00	\$38.88	\$87.48	\$121.50
\$280,000.00	\$40.32	\$90.72	\$126.00
\$290,000.00	\$41.76	\$93.96	\$130.50
\$300,000.00	\$43.20	\$97.20	\$135.00
\$310,000.00	\$44.64	\$100.44	\$139.50
\$320,000.00	\$46.08	\$103.68	\$144.00

\$330,000.00	\$47.52	\$106.92	\$148.50
\$340,000.00	\$48.96	\$110.16	\$153.00
\$350,000.00	\$50.40	\$113.40	\$157.50
\$360,000.00	\$51.84	\$116.64	\$162.00
\$370,000.00	\$53.28	\$119.88	\$166.50
\$380,000.00	\$54.72	\$123.12	\$171.00
\$390,000.00	\$56.16	\$126.36	\$175.50
\$400,000.00	\$57.60	\$129.60	\$180.00
\$410,000.00	\$59.04	\$132.84	\$184.50
\$420,000.00	\$60.48	\$136.08	\$189.00
\$430,000.00	\$61.92	\$139.32	\$193.50
\$440,000.00	\$63.36	\$142.56	\$198.00
\$450,000.00	\$64.80	\$145.80	\$202.50
\$460,000.00	\$66.24	\$149.04	\$207.00
\$470,000.00	\$67.68	\$152.28	\$211.50
\$480,000.00	\$69.12	\$155.52	\$216.00
\$490,000.00	\$70.56	\$158.76	\$220.50
\$500,000.00	\$72.00	\$162.00	\$225.00

DEPENDENT CHILD(REN) Monthly PREMIUMS:

Benefit Amount	Premium
\$5,000	\$0.82
\$10,000	\$1.63

(One rate for all eligible children in family, regardless of number) PREMIUM CALCULATION (Add your elections here):

Employee Premium:	\$
Spouse Premium	\$
Dependent Child(ren)Premium	\$
Total Premium	\$

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

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Employee/Spouse Premiums:

To find you and your spouse's premium –

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- Select a benefit amount (employees age 75 and older: see above comment - do not select a calculated reduced amount).
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- Employee and spouse rates change as insured moves from one age bracket to the next.

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\$20,000.00	\$2.40	\$5.40	\$7.50
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\$40,000.00	\$4.80	\$10.80	\$15.00
\$50,000.00	\$6.00	\$13.50	\$18.75
\$60,000.00	\$7.20	\$16.20	\$22.50
\$70,000.00	\$8.40	\$18.90	\$26.25
\$80,000.00	\$9.60	\$21.60	\$30.00
\$90,000.00	\$10.80	\$24.30	\$33.75
\$100,000.00	\$12.00	\$27.00	\$37.50
\$110,000.00	\$13.20	\$29.70	\$41.25
\$120,000.00	\$14.40	\$32.40	\$45.00
\$130,000.00	\$15.60	\$35.10	\$48.75
\$140,000.00	\$16.80	\$37.80	\$52.50
\$150,000.00	\$18.00	\$40.50	\$56.25
\$160,000.00	\$19.20	\$43.20	\$60.00
\$170,000.00	\$20.40	\$45.90	\$63.75
\$180,000.00	\$21.60	\$48.60	\$67.50
\$190,000.00	\$22.80	\$51.30	\$71.25
\$200,000.00	\$24.00	\$54.00	\$75.00
\$210,000.00	\$25.20	\$56.70	\$78.75
\$220,000.00	\$26.40	\$59.40	\$82.50
\$230,000.00	\$27.60	\$62.10	\$86.25
\$240,000.00	\$28.80	\$64.80	\$90.00
\$250,000.00	\$30.00	\$67.50	\$93.75
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\$450,000.00	\$54.00	\$121.50	\$168.75
\$460,000.00	\$55.20	\$124.20	\$172.50
\$470,000.00	\$56.40	\$126.90	\$176.25
\$480,000.00	\$57.60	\$129.60	\$180.00
\$490,000.00	\$58.80	\$132.30	\$183.75
\$500,000.00	\$60.00	\$135.00	\$187.50

DEPENDENT CHILD(REN) Monthly PREMIUMS:

Benefit Amount	Premium
\$5,000	\$0.68
\$10,000	\$1.36

(One rate for all eligible children in family, regardless of number) PREMIUM CALCULATION (Add your elections here):

Employee Premium:	\$
Spouse Premium	\$
Dependent Child(ren) Premium	\$
Total Premium	\$

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