

For the employees of: Cecil County Public Schools, Group #708879

What is Group Term Life Insurance?

- Offered through your employer
- Pays a benefit to your beneficiary if you pass away during a specific period of time (“term”)
- Term is generally one year, renewing annually with other employer-offered benefits
- Your employer offers Basic Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance, which is the amount they provide at no cost to you.
- You also have the option to elect additional coverage called Supplemental Life Insurance.

Eligibility and coverage options

	For you	For your spouse*	For your children
Eligibility	<p>Basic Life - All active employees working 30+ hours per week.</p> <p>Supplemental Life - All active employees working 17.5+ hours per week.</p>	<p>If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse benefit.</p> <p>Coverage is available only if Employee Supplemental Life Insurance is elected.</p>	<p>Birth to age 26.</p> <p>Coverage is available only if employee Supplemental Life Insurance is elected.</p>
Basic Life and AD&D Insurance coverage options	<p>All full-time, active employees Your employer provides you with Basic Life Insurance and AD&D Insurance of 1.5 times your annual salary to a maximum of \$300,000. There is no cost to you for this insurance. Minimum benefit of \$25,000. Coverage amounts are rounded to the next highest \$1,000.</p> <p>Superintendent Your employer provides you with Basic Life Insurance and AD&D Insurance of 3 times your annual salary to a maximum of \$650,000. There is no cost to you for this insurance. Minimum benefit of \$25,000. Coverage amounts are rounded to the next highest \$1,000.</p>	<p>Not applicable.</p>	<p>Not applicable.</p>

Supplemental Life Insurance coverage options	Eligible employees may elect Supplemental Life Insurance of \$10,000 to \$200,000 in \$10,000 increments.	For your family – Eligible employees may elect Supplemental Life Insurance for their spouse* and/or children. In the amounts of: Spouse coverage amount: \$25,000 Children coverage amount: \$10,000	
Increases in coverage - annual enrollment period	You may elect to increase your current coverage amount up to \$10,000 or one plan increment, whichever is less without providing evidence of insurability during the annual enrollment period.	You must provide evidence of insurability on your spouse for any coverage elected during the annual enrollment period.	You may elect \$10,000 of Supplemental Life Insurance on your children without providing evidence of insurability during the annual enrollment period.
New hires	You may elect up to \$200,000 without providing evidence of insurability.	You may elect up to \$25,000 of Supplemental Life Insurance on your spouse without provided evidence of insurability.	You may elect up to \$10,000 of Supplemental Life Insurance on your children without providing evidence of insurability.
Evidence of insurability (health questions)	When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.	When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.	Not applicable
Age reductions Note: Your payroll deductions will be adjusted to pay premium based on the new benefit amount(s).	Benefit amount reduces to 75% of original coverage at age 70 and to 66% of original coverage at age 75.	Not applicable	Not applicable

*The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If you are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Accidental Death and Dismemberment (AD&D) Insurance:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like.
- **Conversion:** You may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy. Coverage on your spouse and children is available if they are enrolled for Life Insurance.
- **Portability:** You may apply to continue your Basic and Supplemental coverage when you leave your current employer, and pay premiums to the insurance company directly.
- **Waiver of Premium:** If you become unable to work due to total disability, your Basic and Supplemental Life Insurance can be continued without premium payment.
- **Convenient Payroll Deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

How much does my life insurance cost?

The cost for Supplement Life is calculated based on the start of the plan's current policy year. Rates shown are guaranteed until January 1, 2022.

Employee Supplemental Life Insurance Rates

Employee Age	Monthly Rate per \$1,000 of Coverage
Under 30	\$0.031
30-34	\$0.041
35-39	\$0.062
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.401
60-64	\$0.607
65-69	\$0.978
70 +	\$2.060

Family Supplemental Life Insurance Rate

Monthly Cost
\$4.70

Monthly cost for spouse/and or all eligible children

Use the steps below to calculate your premium for you and your family based on the amount of insurance you elected:

Step 1: Enter the rate per \$1,000 based on age: _____

Step 2: Take the amount of insurance and divide it by 1,000: _____
(Example: For \$150,000 of coverage, enter "150")

Step 3: Multiply lines 1 and 2 (this is your monthly cost): _____

Monthly cost for your spouse and children: (covers all eligible dependents)
Enter the monthly cost for the amount of coverage from the table above: _____

ReliaStar Life Insurance Company, a member of the Voya® family of companies

Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

Are there additional non-insurance services available?

- **Funeral Planning and Concierge Services**

Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.

- **Voya Travel Assistance**

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.



Where do I get more information?

For more information or to access the certificate of insurance, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya[®] family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

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