



## **Additional Life Coverage Highlights City of Salem**

### **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 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.

### **Eligibility**

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active employee of The City of Salem, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- You must be regularly working at least 20 hours each week
- For Dependents Life insurance – Your *spouse/domestic partner* 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 not to exceed six times annual earnings.

### **New Employees**

Upon first becoming eligible for coverage you have 31 days to select up to \$100,000 of Additional Life coverage on a guarantee issue basis. Amounts in excess of the guarantee issue amount require satisfactory evidence of insurability.

### **Spouse/Domestic Partner Coverage Amount**

This coverage is available in units of \$10,000 to a maximum of \$500,000 but not to exceed 100% of the member's enrolled Additional Life coverage.

### **New Spouse/Domestic Partner**

Upon first becoming eligible for coverage you have 31 days to select up to \$20,000 of Additional Life coverage on a guarantee issue basis. Amounts in excess of the guarantee issue amount require satisfactory evidence of insurability.

### **Coverage Amount for Children**

You may elect \$2,000, \$5,000 or \$10,000 of Dependents Life insurance for your eligible children. This amount may not exceed 100 percent of your Additional Life coverage.

### **New Children**

Upon first becoming eligible for coverage you have 31 days to select up to \$10,000 of Additional Life coverage on a guarantee issue basis.

## Medical History Statement

If Medical Underwriting is required, a Medical History Statement can be accessed at:

- Complete and submit online at: [http://www.standard.com/mybenefits/mhs\\_ho.html](http://www.standard.com/mybenefits/mhs_ho.html) (recommended)
- OR
- Print, complete and mail at: <http://www.standard.com/forms/ebid/mhsonly>

## 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, your insurance will not become effective until the day after you complete 1 day of *active work* as an eligible employee.

## Age Reductions

Under this plan, coverage reduces by 35 percent at age 70 and to 50 percent at age 75. If you, or your *spouse/domestic partner*, are age 70 or over, ask your human resources representative for the amount of coverage available.

## 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.

## When Spouse/Domestic Partner and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse/domestic partner* 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/domestic partner*, 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

## Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.



**Additional Life Coverage Highlights  
City of Salem**

**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.

<b>Age</b> (as of January 1st)	<b>Rate</b> (Per \$10,000 of Total coverage)
<=29	\$0.76
30-34	\$0.78
35-39	\$1.03
40-44	\$1.44
45-49	\$2.18
50-54	\$3.33
55-59	\$5.37
60-64	\$7.14
65-69	\$12.12
70-74	\$21.55
75+	\$81.69

To calculate your premium:

1. Amount Elected: Write this amount on the Additional Life Requested Amount line on your Enrollment Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$10,000 = 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/Domestic Partner Rates**

If you elect Dependents Life insurance for your *spouse/domestic partner*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

<b>Age</b> (as of January 1st)	<b>Rate</b> (Per \$10,000 of Total coverage)
<=29	\$0.76
30-34	\$0.78
35-39	\$1.03
40-44	\$1.44
45-49	\$2.18
50-54	\$3.33
55-59	\$5.37
60-64	\$7.14
65-69	\$12.12
70-74	\$21.55
75+	\$81.69

To calculate your premium:

1. Amount Elected: Write this amount on the Dependent Life Spouse/Domestic Partner Requested Amount line on your Enrollment Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$10,000 = 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)**

If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.20 for \$2,000, \$0.50 for \$5,000 and \$1.00 for \$10,000, regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck.