

VOLUNTARY TERM LIFE INSURANCE BENEFITS SUMMARY



For Employees of SISC - Kern County Superintendent of Schools

ELIGIBILITY – CLASS 01 : ALL ELIGIBLE EMPLOYEES

Employee Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Dependent Eligibility Requirement	Your dependent children can only be covered up to age 26.
Minimum Work Hours	You must be working a minimum of 10 hours per week to be eligible for coverage.
Coverage Payment	You pay 100% of the premium for this coverage through easy payroll deduction.

COVERAGE GUIDELINES

	Employee	Spouse	Child(ren)
Minimum	\$10,000	\$5,000	\$10,000
Maximum	\$200,000	\$50,000	\$10,000
Guarantee Issue Amount	\$200,000	\$50,000	\$10,000

Note: Employee must apply for coverage in order to obtain spouse or dependent coverage.

BENEFITS

Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want in designated increments.</p> <p>This plan includes the option to select coverage for your spouse and dependent child(ren). Children include those from birth, up to age 26.</p> <p><i>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i></p>
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FEATURES

Living Care/Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$200,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Voluntary Term Life Portability	The portability feature allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health).
Voluntary Term Life Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

AGE REDUCTIONS AND LIFE INSURANCE EXCLUSIONS

Your life insurance benefits are subject to age reductions, which begin at age 70. Additional information will be included in the summary of coverage, which you will receive after enrolling. Please contact your employer if you have questions prior to enrolling. All elected coverage terminates at employee retirement.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date of issue (the date coverage begins) of this coverage. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Term life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001.

COVERAGE SELECTION AND PREMIUM CALCULATION

To select your coverage amount/benefit and calculate your **MONTHLY** premium, do the following:

- 1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000 (ex. \$30,000, \$40,000 or \$50,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than \$100,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Employee Monthly Premium Table										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 – 24	.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
25 – 29	.60	1.20	1.80	2.40	3.00	3.60	4.20	4.80	5.40	6.00
30 – 34	.70	1.40	2.10	2.80	3.50	4.20	4.90	5.60	6.30	7.00
35 – 39	.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
40 – 44	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00
45 – 49	1.60	3.20	4.80	6.40	8.00	9.60	11.20	12.80	14.40	16.00
50 – 54	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
55 – 59	4.90	9.80	14.70	19.60	24.50	29.40	34.30	39.20	44.10	49.00
60 – 64	6.70	13.40	20.10	26.80	33.50	40.20	46.90	53.60	60.30	67.00
65 – 69	11.40	22.80	34.20	45.60	57.00	68.40	79.80	91.20	102.60	114.00
70 – 74	21.60	43.20	64.80	86.40	108.00	129.60	151.20	172.80	194.40	216.00
75 – 79	30.20	60.40	90.60	120.80	151.00	181.20	211.40	241.60	271.80	302.00
80+	30.20	60.40	90.60	120.80	151.00	181.20	211.40	241.60	271.80	302.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your Spouse's rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000 (ex. \$15,000, \$20,000 or \$25,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.

Spouse Monthly Premium Table										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 – 24	.25	.50	.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50
25 – 29	.30	.60	.90	1.20	1.50	1.80	2.10	2.40	2.70	3.00
30 – 34	.35	.70	1.05	1.40	1.75	2.10	2.45	2.80	3.15	3.50
35 – 39	.40	.80	1.20	1.60	2.00	2.40	2.80	3.20	3.60	4.00
40 – 44	.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
45 – 49	.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
50 – 54	1.20	2.40	3.60	4.80	6.00	7.20	8.40	9.60	10.80	12.00
55 – 59	2.45	4.90	7.35	9.80	12.25	14.70	17.15	19.60	22.05	24.50
60 – 64	3.35	6.70	10.05	13.40	16.75	20.10	23.45	26.80	30.15	33.50
65 – 69	5.70	11.40	17.10	22.80	28.50	34.20	39.90	45.60	51.30	57.00

*You pay \$1.00 monthly premium for each child, so multiply \$1.00 by the number of dependent children you have to find the total premium amount.

Per Child Monthly Premium Table*	
	\$10,000
Rate	1.00

If you would like to calculate the total premium for your Voluntary Term Life benefits (for your own information), enter the appropriate premium amounts below and add them to obtain a total.

Employee Premium	+	Spouse Premium	+	Child(ren) Premium	=	Total Monthly Premium
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