Life Insurance and AD&D Benefits Plan Year 2024



Basic Term Life and AD&D Coverage (GLF)

Each regular, active eligible employee or elected official (eligible employee), is eligible for Basic Term Life (GLF) coverage in an amount not less than \$20,000 and not greater than \$50,000. Coverage is based on your annual salary amount and is paid for by your employer. AD&D coverage in an amount equal to the GLF amount is included.

Employee Optional Term Life and AD&D (TLF)

Each eligible employee enrolled in Basic Term Life and AD&D is also eligible to enroll in Optional Term Life and AD&D coverage. The employee pays 100% of the cost. The coverage amount is based on the later of your annual salary at December 31 of the previous year or your hire date. To arrive at your coverage level, multiply your annual salary by your selected coverage level and round to the next highest \$1.000. As long as your coverage level does not change, your TLF coverage amount will automatically increase as your salary increases up to the maximum coverage amount of \$400,000 and without Evidence of Insurability (EOI). If your coverage level increases by at least one times your current coverage amount, Evidence of Insurability is required. Coverage reduces beginning at age 70.

Coverage levels	½ times annual salary (50%)
-	1 times annual salary (100%)
	2 times annual salary (200%)

Your monthly TLF cost is based on your age as of your effective date and the amount of coverage you select. The cost below includes AD&D coverage equal to one times your TLF coverage amount, at a cost of \$.025 per \$1,000 coverage.

Your Age	Cost per thousand Term Life and AD&D	Your Age	Cost per thousand Term Life and AD&D
Under 30	\$.07	50 - 54	\$.32
30 - 34	\$.09	55 - 59	\$.50
35 - 39	\$.11	60 - 64	\$.82
40 - 44	\$.15	65 - 69	\$1.33
45 - 49	\$.22	70 and above	\$2.25

Example 1: Under age 70 (\$44,410 annual salary; age 41)

Examp	le 1: Under age 70 (\$44,410 annual salary	/; age 41)	Example	e 2: Age 70 and up (\$35,600 annual salary;	Age 76)
Step 1	Select coverage level (50%, 100%, or 200% of annual salary)	200%	Step 1	Select coverage level (50%, 100%, or 200% of annual salary)	200%
Step 2	Multiply annual salary by coverage level	\$88,820	Step 2	Multiply annual salary by coverage level	\$71,200
Step 3	Round to the next highest \$1,000 (insurance volume amount)	\$89,000	Step 3	Round to next highest \$1,000	\$72,000
Step 4	Divide Step 3 by \$1,000	89	Step 4	Multiply by reduction percentage (insurance volume amount)	<u>X 40%</u> \$28,800
Step 5	To determine your monthly cost (Age 41) multiply Step 4 by the appropriate rate for your age from the above chart	x .16	Step 5	Divide Step 4 by \$1,000	28.8
	Total monthly premium	\$13.35	Step 6	Multiply Step 5 by monthly premium (determined from rate chart above)	x 2.25
				Total monthly premium	\$64.80

Beneficiary Designation: Benefits are payable to your designated beneficiary(ies) in the event of your death. Complete a Beneficiary Designation form and return it to your employer. Annual enrollment is an excellent time to review your Beneficiary information. You should also update beneficiary information if you experience a life event (example - marriage, divorce, birth/adoption or dependent is deceased).

Reduction and Termination: The Life and AD&D coverage amounts you select reduce beginning at age 70 and end at employment termination or retirement, unless you elect to port or convert all or part of your optional life coverage. Refer to portability information available at www.pebcinfo.com.

% of the coverage amount	Age
to 65%	at 70
to 40%	at 75
to 25%	at 80
to 15%	at 85
to 10%	at 90

200%

\$71,200

\$72,000

X 40% \$28,800

28.8

Spouse Optional Term Life (SLF)

Spouse Optional Term Life (SLF) is available **only if the employee has TLF coverage**. **SLF coverage cannot exceed 50% of the employee TLF coverage amount**. Five coverage levels are available (see below). During a newly-hired employee's initial enrollment period, both the \$10,000 and \$25,000 coverage levels are available at guarantee issue. This means that Evidence of Insurability (EOI) is not required for the \$10,000 or \$25,000 coverage levels. If, as a newly-hired employee during your initial enrollment period, you select SLF coverage at an amount *greater than \$25,000* and that coverage is denied, coverage will automatically issue at the \$25,000 amount, subject to the employee's TLF coverage amount. If you are adding or increasing SLF coverage, EOI is required. Coverage is 100% paid by the employee and the employee is the beneficiary when SLF coverage is selected.

SLF Coverage levels	\$10,000 \$25,000 \$50,000	It is important that you check the employee's TLF coverage amount <i>before</i> selecting SLF coverage. SLF coverage
	\$75,000 \$100.000	cannot exceed 50% of the employee's TLF coverage amount.
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The monthly SLF cost is based on the spouse's age as of your effective date and the amount of coverage selected. The term life insurance cost is the same as the active employee's term life insurance cost *except that SLF does not include AD&D coverage*. Therefore, the \$0.04 cost per \$1,000 is deducted from TLF cost to arrive at the SLF cost shown in the chart below.

Your Age	Cost per thousand Term Life	Your Age	Cost per thousand Term Life
Under 30	\$.04	50 - 54	\$.29
30 - 34	\$.06	55 - 59	\$.47
35 - 39	\$.08	60 - 64	\$.79
40 - 44	\$.12	65 - 69	\$1.30
45 - 49	\$.19	70 and above	\$2.22

Example: Example illustrates the importance of checking employee TLF coverage amount before selecting SLF coverage level.

Spouse age 41		Employee TLF
Step 1 Selected coverage level	\$25,000	Step 1 Is employee enrolled in TLF? Yes
Step 2 Divide coverage level by \$1,000	25	Step 2 TLF coverage amount (1 x salary) \$ 64,000
Step 3 Locate cost per \$1,000	x \$.12	Step 3 TLF x 50% \$ 32,000
Monthly SLF cost	\$3.00	

In the above example, because the selected SLF coverage amount does not exceed 50% of the employee's TLF coverage amount, \$25,000 SLF coverage is acceptable.

Dependent Group Term Life (DGL)

You are eligible to purchase Dependent Term Life coverage on your spouse and your dependent child(ren). You can select either Spouse Optional Life (SLF) or Dependent Group Life (DGL) – or both, when choosing coverage for your spouse. Two DGL options are available.

Option I (DGL)	Option II (DGL)
Spouse \$ 5,000 Children Live birth up to <u>age 26</u> \$ 2,500	Spouse \$ 10,000 Children <i>Live birth up to <u>age 26</u></i> \$ 5,000
Monthly cost is \$1.05 regardless of the number of enrolled, eligible dependents	Monthly cost is \$2.10 regardless of the number of enrolled, eligible dependents

If both husband and wife are employees of the same employer, only one employee can insure dependent child(ren).

EVIDENCE OF INSURABILITY (EOI)

Should you **decline** to enroll at the time you first become eligible and decide to enroll at a later date, or if you elect to increase your coverage, acceptance requires Evidence of Insurability (EOI). All EOI applications are subject to review and approval by The Hartford Group Medical Underwriting. Coverage is not effective until you are notified by your employer. Refer to the instructions shown on the back of the Group Optional Life Insurance Application.

This enrollment information is for illustrative purposes only and does not constitute a contract. The full terms and conditions of the coverages you select will be contained in the policies issued to your employer.