

## Life Insurance and AD&D Benefits Plan Year 2023

### 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 \$300,000. Coverage is based on your annual salary amount rounded to the next highest \$1,000 and multiplied by 300%. Coverage 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.

<b>Coverage levels</b>	1 times annual salary ( <b>100%</b> )	3 times annual salary ( <b>300%</b> )
	2 times annual salary ( <b>200%</b> )	4 times annual salary ( <b>400%</b> )

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)

<b>Step 1</b>	Select coverage level (100%, 200%, 300% or 400% of annual salary)	200%
<b>Step 2</b>	Multiply annual salary by coverage level	\$88,820
<b>Step 3</b>	Round to the next highest \$1,000 (insurance volume amount)	\$89,000
<b>Step 4</b>	Divide Step 3 by \$1,000	89
<b>Step 5</b>	To determine your monthly cost (Age 41) multiply Step 4 by the appropriate rate for your age from the above chart	x .15
	<b>Total monthly premium</b>	<b>\$13.35</b>

#### Example 2: Age 70 and up (\$35,600 annual salary; Age 76)

<b>Step 1</b>	Select coverage level (100%, 200%, 300% or 400% of annual salary)	200%
<b>Step 2</b>	Multiply annual salary by coverage level	\$71,200
<b>Step 3</b>	Round to next highest \$1,000	\$72,000
<b>Step 4</b>	Multiply by reduction percentage (insurance volume amount)	$\begin{array}{r} \text{X } 40\% \\ \hline \$28,800 \end{array}$
<b>Step 5</b>	Divide Step 4 by \$1,000	28.8
<b>Step 6</b>	Multiply Step 5 by monthly premium (determined from rate chart above)	x 2.25
	<b>Total monthly premium</b>	<b>\$64.80</b>

**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](http://www.pebcinfo.com).

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

## 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.

<b>SLF Coverage levels</b>	\$10,000
	\$25,000
	\$50,000
	\$75,000
	\$100,000

It is important that you check the employee's TLF coverage amount *before* selecting SLF coverage. SLF coverage cannot exceed 50% of the employee's TLF coverage amount.

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 \$0.025 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

<b>Step 1</b>	Selected coverage level	<b>\$25,000</b>
<b>Step 2</b>	Divide coverage level by \$1,000	25
<b>Step 3</b>	Locate cost per \$1,000	x \$.12
<b>Monthly SLF cost</b>		<b>\$3.00</b>

### Employee TLF

<b>Step 1</b>	Is employee enrolled in TLF?	Yes
<b>Step 2</b>	TLF coverage amount (1 x salary)	\$ 64,000
<b>Step 3</b>	TLF x 50%	<b>\$ 32,000</b>

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

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.

*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.*

## Short Term Disability Income (STD)

STD provides for short term replacement of a reasonable portion of earnings lost due to disability resulting from a non-occupational injury, sickness or pregnancy. Your employer pays the entire cost of this coverage. Coverage is terminated at employment termination or retirement.

### Schedule of Benefits

60% of weekly salary rounded to the nearest \$5.00 if not an exact multiple thereof.

Maximum weekly benefit	\$500.00
Benefit payments begin	31 <sup>st</sup> day of disability resulting from an injury or sickness
Maximum benefit duration	26 weeks

### Limitations

STD benefits are not payable for:

- Any disability when employee is not under the regular care of a physician;
- Injury or sickness covered by any Workers' Compensation or Occupational Disease Law, including injury arising out of or in the course of any employment for wage or profit; and
- Any injury sustained while the insured employee is attempting or engaging in any felony.

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