

EMPLOYER PAID AND VOLUNTARY LIFE AND AD&D BENEFITS AT A GLANCE

Unum is your Life Insurance Carrier. Your benefits are outlined below.

BASIC GROUP TERM LIFE AND AD&D

All full time active employees working at least 80 hours per month (15 hours for bus drivers of approved districts, see FBS to determine if your district is approved) are eligible for Basic Group Life and Accidental Death and Dismemberment (AD&D). The cost of this coverage is paid by your employer and is \$0.48 per \$10,000 of coverage. *Life benefit reduces to 65% at age 65; and 50% at age 70*

	Schools	Coverage is Equal to the Following
Class I	Abernathy, Adrian, Anton, Benjamin, Blackwell, Blanket, Bovina, Brady, Bryson, Canadian, Channing, City View, Clarendon, Cotton Center, Crosbyton, Dalhart, Darrouzett, Denver City, Dumas, El Paso Education Initiative Inc., Electra, Eden, Farwell, Floydada, Follett, Forestburg, Fort Elliott, Fort Hancock, Friona, Grandview-Hopkins, Groom, Gruver, Hale Center, Happy, Hart, Hartley, Hedley, Henrietta, Holliday, Idalou, Jacksboro, Jayton, Kress, Lazbuddie, Lefors, Lorenzo, Meadow, Memphis, Menard, Miami, Monahans-Wickett-Pyote, Montague, Nazareth, New Home, Newcastle, Nocona, Paducah, Panhandle, Panther Creek, Patton Springs, Petersburg, Petrolia, Pringle-Morse, Quanah, Ralls, RISE Academy, River Road, Ropes, Saint Jo, Sands, Santa Anna, Seagraves, Shamrock, Southland, Spring Creek, Sunray, Tahoka, Throckmorton, Tulia,Turkey-Quitaque, Valentine, Vega, Vernon, Wellington, Wheeler, Whitharral, Wilson, Windthorst & White Deer ISD Employees	\$10,000
Class II	Amherst, Chillicothe, Coahoma, Culberson County- Allamoore, Dimmitt, Forsan, Fort Stockton, Grady, Klondike, Loop, Olton, Paint Rock, Post ISD, Robert Lee ISD, Roosevelt, Sanford-Fritch & Water Valley Employees	\$20,000
Class III	Anthony, Borger, Guthrie & Morton ISD Employees	\$30,000
Class IV	Garden City-Glasscock, Highland Park, Olfen, Post (Admins only), Rankin & Sierra Blanca ISD Employees	\$40,000
Class V	Childress & Texline ISD Employees	\$50,000

VOLUNTARY GROUP TERM LIFE

All full time active employees of participating independent school districts working at least 20 hours per week may elect voluntary life coverage for themselves and their eligible dependents. The amount of life insurance coverage for a dependent will not be more than 100% of the employee life amount. The employee must be covered in order to insure the dependents for life. Employees and/or spouses who do not enroll during their initial eligibility period must prove Evidence of Insurability for full amount applied for.

Guarantee Issue and Benefit Maximum:

Employee: \$200,000 Guaranteed Issue, Overall maximum 7x annual earnings up to \$500,000

Spouse: \$50,000 Guaranteed Issue, Overall maximum up to \$500,000 not to exceed 100% of employee amount

Child: Option 1: \$5,000 and Option 2: \$10,000, Guaranteed Issue

Child age is 6 months to 26 years, Birth to 14 days \$1,000 benefit, 14 days to 6 month \$2,000 benefit. Coverage for employee and spouse reduces 65% at age 65 and 50% at age 70.

This summary is for illustrative purposes only and does not constitute a contract. The full terms and conditions of the coverage you select will be contained in the policies provided to the West Texas Public Schools Employee Benefits Cooperative. If there is any discrepancy between this benefit description and the policy the terms of the policy will govern.



West Texas Public Schools EBC

EMPLOYER PAID AND VOLUNTARY LIFE AND AD&D BENEFITS AT A GLANCE

Monthly Cost for Voluntary Term Life Insurance:

Coverage amounts and rates for employee and spouse are shown below in increments of \$10,000, by age bands. Child Life Monthly Rates are \$1.00 for \$5,000 and \$2.00 for \$10,000 of coverage.

Coverage	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.54	\$0.72	\$0.81	\$0.99	\$1.53	\$2.88	\$4.95	\$7.92	\$11.04	\$18.54
\$20,000	\$1.08	\$1.44	\$1.62	\$1.98	\$3.06	\$5.76	\$9.90	\$15.84	\$22.08	\$37.08
\$30,000	\$1.62	\$2.16	\$2.43	\$2.97	\$4.59	\$8.64	\$14.85	\$23.76	\$33.12	\$55.62
\$40,000	\$2.16	\$2.88	\$3.24	\$3.96	\$6.12	\$11.52	\$19.80	\$31.68	\$44.16	\$74.16
\$50 <i>,</i> 000	\$2.70	\$3.60	\$4.05	\$4.95	\$7.65	\$14.40	\$24.75	\$39.60	\$55.20	\$92.70
\$60,000	\$3.24	\$4.32	\$4.86	\$5.94	\$9.18	\$17.28	\$29.70	\$47.52	\$66.24	\$111.24
\$70,000	\$3.78	\$5.04	\$5.67	\$6.93	\$10.71	\$20.16	\$34.65	\$55.44	\$77.28	\$129.78
\$80,000	\$4.32	\$5.76	\$6.48	\$7.92	\$12.24	\$23.04	\$39.60	\$63.36	\$88.32	\$148.32
\$90,000	\$4.86	\$6.48	\$7.29	\$8.91	\$13.77	\$25.92	\$44.55	\$71.28	\$99.36	\$166.86
\$100,000	\$5.40	\$7.20	\$8.10	\$9.90	\$15.30	\$28.80	\$49.50	\$79.20	\$110.40	\$185.40
\$110,000	\$5.94	\$7.92	\$8.91	\$10.89	\$16.83	\$31.68	\$54.45	\$87.12	\$121.44	\$203.94
\$120,000	\$6.48	\$8.64	\$9.72	\$11.88	\$18.36	\$34.56	\$59.40	\$95.04	\$132.48	\$222.48
\$130,000	\$7.02	\$9.36	\$10.53	\$12.87	\$19.89	\$37.44	\$64.35	\$102.96	\$143.52	\$241.02
\$140,000	\$7.56	\$10.08	\$11.34	\$13.86	\$21.42	\$40.32	\$69.30	\$110.88	\$154.56	\$259.56
\$150,000	\$8.10	\$10.80	\$12.15	\$14.85	\$22.95	\$43.20	\$74.25	\$118.80	\$165.60	\$278.10
\$160,000	\$8.64	\$11.52	\$12.96	\$15.84	\$24.48	\$46.08	\$79.20	\$126.72	\$176.64	\$296.64
\$170,000	\$9.18	\$12.24	\$13.77	\$16.83	\$26.01	\$48.96	\$84.15	\$134.64	\$187.68	\$315.18
\$180,000	\$9.72	\$12.96	\$14.58	\$17.82	\$27.54	\$51.84	\$89.10	\$142.56	\$198.72	\$333.72
\$190,000	\$10.26	\$13.68	\$15.39	\$18.81	\$29.07	\$54.72	\$94.05	\$150.48	\$209.76	\$352.26
\$200,000	\$10.80	\$14.40	\$16.20	\$19.80	\$30.60	\$57.60	\$99.00	\$158.40	\$220.80	\$370.80

VOLUNTARY GROUP ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

All full time active employees of participating independent school districts working at least 20 hours per week may elect voluntary AD&D coverage for themselves and their eligible dependents. Employees are not required to purchase life insurance in order to purchase individual or family AD&D coverage.

The *Individual Plan* covers you in the event of accidental death or dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. The cost of this coverage is \$0.04 per \$1,000.

The *Family Plan* covers you and your eligible dependents in the event of accidental death or dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000 for employee and 50% of employee amount for spouse with a maximum of \$250,000 and 10% of the employee amount for the dependent child with a maximum amount of \$50,000. The cost of this coverage is \$0.07 per \$1,000.

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Your Basic and Voluntary Life Insurance automatically includes:

Wavier of Premium: Life insurance premiums will be waived for insured employees who become disabled prior to a specified age, and who remain disabled during an elimination period.

Accelerated Death Benefit: Pays a portion of the insured employee's or dependent's Life benefit in the event the insured employee or dependent becomes terminally ill and the employee's or dependent's life expectancy has been reduced to less than 12 months. The employee's or dependent's death benefit will be reduced by the Accelerated Life Benefit paid.

Portability Privilege: Allows an insured employee and their dependents to elect portable coverage at group rates, if the employee terminates employment, reduces hours or retires from the employer. Employees and their dependents are not eligible for portable coverage if they have an injury or sickness, under the terms of this plan, that has a material effect on life expectancy.

Conversion Privilege: When an insured employee's group coverage ends, employees and their dependents may convert their coverage to individual life policies without providing evidence of insurability.

See contract for additional plan and coverage details.

For Employee and Dependents: If you are absent from work due to injury, sickness, temporary layoff or leave of absence on the date you or your dependents coverage would normally begin or increase, your coverage/dependent coverage will begin or increase on the first of the month coincident with or next following the date you return to active employment.

If your eligible **dependent is totally disabled**, your dependent's coverage will begin on the first of the month coincident with or next following the date your eligible dependent is no longer disabled. This provision does not apply to a newborn child while dependent insurance is in effect.