

# Plan Highlights

## Group Voluntary and Dependent Life Insurance



### Herscher Community Unit School District #2

#### ELIGIBILITY

**Employees:** Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

**Dependents:** You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ your legal spouse not legally separated or divorced from you
- ▶ your unmarried financially dependent children\* age 14 days to 26 years.

\*natural and adopted children; stepchildren and foster children in your custody.

Age limit does not apply to handicapped children.

- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

#### BENEFIT AMOUNT

##### Voluntary Life:

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments

*Amounts of life insurance equal to \$150,000 or more may be subject to an earnings cap.*

##### Dependent Life

###### Spouse

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments

(spouse amount may not exceed 100% of employee amount)

###### Dependent Child(ren)

14 days to 6 months : \$500

6 months to age 26 : Options of \$5,000, \$10,000, \$15,000 or \$20,000

#### GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee: \$150,000

Spouse: \$50,000

Child: all child amounts are guaranteed issue

#### CONTRIBUTION REQUIREMENTS

##### Employee:

Coverage is 100% employee paid.

*Spouse:* Coverage is 100% employee paid.

*Dependent Child(ren):* Coverage is 100% employee paid.

#### AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing	50%

#### BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

Age	Original Benefit	Reduced To
65		65%
70		50%

#### RATE

See attached Rate Sheet.

#### FEATURES

- ▶ Air Bag Benefit
- ▶ Conversion Privilege
- ▶ Education Benefit
- ▶ FMLA/MSLA Continuation
- ▶ Seat Belt Benefit
- ▶ Waiver of Premium with Critical Illness

#### VALUE ADDED SERVICES

- ▶ Travel Assistance Service

#### EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.