Plan Highlights

Voluntary Group Term Life and AD&D Insurance



Herscher Community Unit School District #2

Eligibility	Monthly Rates	
All Active Full-Time Employees working 30 hours or more	Employee:	
per week, except any person employed on a temporary or	A .	
seasonal basis.	Age	Rate per \$10,000 per month
	<20	\$0.50
Voluntary Life & AD&D Coverage Options	20-24	\$0.50
Employee:	25-29	\$0.34
• Options of \$10,000 to \$500,000 in \$10,000 Increments	30-34	\$0.43
(not to exceed 10 times earnings)	35-39	\$0.63
	40-44	\$0.96
Spouse:	45-49	\$1.50
• Options of \$10,000 to \$500,000 in \$10,000 Increments	50-54	\$2.30
(may not exceed 100% of Employee Amount)	55-59	\$3.84
Child:	60-64	\$5.02
 14 days up to 6 months: \$100 	65-69	\$7.91
 6 months up to Age 26: Options of \$5,000, \$10,000 \$15,000 or \$20,000 	70+	\$13.40
(no stand-alone child coverage)	Spouse:	
Guarantee Issue Employee:	Age	Rate per \$10,000 per month
• Under Age 70: \$150,000	<20	\$0.50
	20-24	\$0.50
Spouse:	25-29	\$0.34
 Under Age 60: \$50,000 	30-34	\$0.43
	35-39	\$0.63
Contribution Requirements	40-44	\$0.96
Coverage is 100% employee paid.	45-49	\$1.50
	50-54	\$2.30
Participation Requirements	55-59	\$3.84
Coverage requires the greater of 5 employees or 10% of the	60-64	\$5.02
eligible participants for the group policy to be issued.	65-69	\$7.91
engible participants for the group policy to be issued.	70+	\$13.40
Employee must have coverage in order for dependents to	70+	\$15.40
have coverage		
have coverage	Child:	
If an employee is denied coverage over the GI, but the		Rate per Unit
spouse was approved for a higher amount, spouse coverage	Coverage	
will be reduced so not to exceed the Employee's election	\$5,000 \$10,000	\$1.35 \$2.69
		•.
amount.	\$15,000	\$4.04
Dravisiana	\$20,000	\$5.38
Provisions		
Living Benefit Rider	Voluntary AD&D:	Rate per \$10,000
Conversion	Employee	\$0.15
Waiver of Premium	Spouse	\$0.19
Portability	Child	\$0.34
	Exclusions For a comprehensive list of e	exclusions and limitations, please refer to the Volunta

For a comprehensive list of exclusions and limitations, please refer to the Voluntary Life Brochure and Certificate of Insurance. The Certificate also provides all requirements necessary to receive abenefit.

This Plan Highlights is a brief description of the important features of the RSL insurance plan. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.

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