



Basic Life and Accidental Death & Dismemberment Insurance Benefit Highlights

COVERAGE INFORMATION

APPLICANT	BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE
Teammate	Option 11: \$50,000 Option 21: \$50,000 plus 2x earnings up to a maximum of \$500,000
Spouse	Not Included
Child(ren)	Not Included

PREMIUMS

- **Basic Life and AD&D Option 1:** No cost to teammates
- **Basic Life and AD&D Option 2:** Monthly cost is \$0.0515 per \$1,000 of coverage amounts over \$50,000. Teammate monthly cost would be \$0.02757 per \$1,000 with 50% cost share applied.

ASKED & ANSWERED

WHO IS ELIGIBLE?

- You are eligible if you are an active full time teammate who works at least 30 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

- Basic insurance is guaranteed issue coverage – it is available without having to provide information about your health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

- For basic coverage Option 1, your employer pays 100% of the premium for your (employee) \$50,000 coverage amount.
- For basic coverage Option 2, your employer pays 100% of the premium for your (employee) \$50,000 coverage amount.
 - You have the opportunity to purchase an additional 2 times your salary up to \$500,000. You are responsible for 50% of the cost of this coverage.

WHEN DOES THIS INSURANCE BEGIN?

- You are covered for Life and AD&D Insurance as long as you are actively at work on the day your coverage take effect. If you are not at work because of an approved leave of absence, the coverage that was in place on the day before your leave started is what you will have for coverage while you are out on leave. If you increase your coverage election while you are out on leave, the increased amount will not be effective until you return to active work.

WHEN DOES THIS INSURANCE END?

- This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

- Yes, you can take this life coverage with you. Coverage may be continued for you under a group portability certificate or an individual conversion life certificate. The specific terms and qualifying events for conversion and portability are described in the certificate.

¹Your benefit will be reduced by 35% at age 70 and by 55% at age 75. Reductions will be applied to the original amount.



Voluntary Life and Accidental Death & Dismemberment Insurance Benefit Highlights

COVERAGE INFORMATION

APPLICANT	VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE
Teammate	Benefit ¹ : 1x – 8x earnings Maximum: the lesser of 8x earnings or \$1,000,000 Minimum: \$20,000
Spouse	Benefit ¹ : Increments of \$10,000 Maximum: the lesser of 50% of your voluntary coverage or \$150,000
Child(ren)*	Benefit: \$20,000 <small>*Not included in Voluntary Accidental Death & Dismemberment coverage</small>

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed the highest applicable benefit amount, unless otherwise indicated within any loss from an Accident. If we pay a benefit and subsequently an additional loss is sustained by a Covered Person for which a higher benefit is payable as a result of the same Accident, we will pay any difference in the two amounts as an additional benefit amount.

LOSS FROM ACCIDENT	COVERAGE AMOUNT
Loss of Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Movement Four Limbs (Quadriplegia)	100%
Movement of Three Limbs (Triplegia)	75%
One Hand or One Foot	50%
Sight of One Eye	50%
Movement of Two Limbs (Hemiplegia/Paraplegia)	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Same Hand	25%
Hearing in One Ear	25%

PREMIUMS

VOLUNTARY LIFE MONTHLY PREMIUM RATE PER \$1,000 OF COVERAGE ²		
AGE	NON-SMOKER	SMOKER
< 25	\$0.0660	\$0.1270
25-29	\$0.0660	\$0.1270
30-34	\$0.0920	\$0.1770
35-39	\$0.1070	\$0.1900
40-44	\$0.1160	\$0.2410
45-49	\$0.1850	\$0.4240
50-54	\$0.2700	\$0.5500
55-59	\$0.5200	\$1.0000
60-64	\$0.7300	\$1.2000
65-69	\$1.4000	\$2.1100
70-74	\$2.4800	\$3.8100
75+	\$2.4800	\$3.8100

- **Dependent Children Monthly Premium for Life Insurance Coverage:** \$1.94 for \$20,000 of coverage
- **Rate for Voluntary AD&D Teammate and Spouse:** \$.027 per \$1,000 of coverage

ASKED & ANSWERED

WHO IS ELIGIBLE?

- You are eligible for this insurance if you are an active full-time teammate who works at least 30 hours per week on a regularly scheduled basis.
- Your spouse and dependent(s) are also eligible for coverage. Dependents can be covered through the calendar year in which they turn 26.

AM I GUARANTEED COVERAGE?

- This insurance is guaranteed issue coverage – it is available without having to provide information about your or your spouse's health.

WHEN DOES THIS INSURANCE BEGIN?

- You are covered for Life and AD&D Insurance as long as you are actively at work on the day your coverage take effect. If you are not at work because of an approved leave of absence, the coverage that was in place on the day before your leave started is what you will have for coverage while you are out on leave. If you increase your coverage election while you are out on leave, the increased amount will not be effective until you return to active work.

WHEN DOES THIS INSURANCE END?

- This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

- Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under an extended continuation certificate. Your certificate will provide you with more information on extended continuation.

¹Your benefit will be reduced by 35% at age 70 and by 55% at age 75. Reductions will be applied to the original amount.

²Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.



Limitations & Exclusions

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your basic benefit will be reduced by 35% at age 70 and by 55% at age 75. Reductions will be applied to the original amount.
- Your voluntary benefit will be reduced by 35% at age 70 and by 55% at age 75. Reductions will be applied to the original amount.
- A voluntary or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who is in active full-time military service.

5962a NS 05/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

No benefits are payable under the Policy for any Accident, injury or loss that results from, is caused by, is contributed to by:

- suicide or attempted suicide, whether sane or insane, or intentional self-infliction;
- voluntary intoxication (as defined by the law of the jurisdiction in which the Injury or loss occurred) or while under the influence of any narcotic, drug or controlled substance unless administered by or taken according to the instruction of a Physician or Medical Professional;
- voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
- voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation;
- travel in or descent from any vehicle or device for aviation or aerial navigation, except:
 - as a fare-paying passenger in a commercial aircraft (other than a charter airline) that flies at a level no higher than the Earth's stratosphere on a regularly scheduled passenger flight; or
 - while traveling on business of the Policyholder;
- riding in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, offroad activities (for motor vehicles), or racing;
- active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate; or
- involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer
- Exclusions may vary by state and by policyholder. Refer to your Certificate for information on what exclusions apply to you.

DEPENDENT LIMITATIONS AND EXCLUSIONS (Voluntary Accidental Death & Dismemberment)

- Coverage may only be elected for dependent(s) when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.

THIS IS LIMITED ACCIDENT ONLY COVERAGE

5962c NS 03/23 Accident Form Series includes GBD-3300, GBD- 2300, or state equivalent.

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