Life Insurance

Monroe County Supplemental Life Insurance Coverage Highlights

Protect Your Tomorrow, Today

Supplemental Life Insurance

The Standard Life Insurance Company of New York has developed this document to provide you with information about the Group Supplemental Life insurance coverage that you may select through your employment with Monroe County. Written in non-technical language, this is not intended as a complete description of the coverage. Defined terms from the *group policy* are italicized in this material. **If you have additional questions, please call Norvest Financial Services at 1-888-869-8252.**

Eligibility

To be eligible for the Supplemental Life coverage, you must be:

- An active employee of Monroe County, excluding, temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- Regularly working at least 15 hours each week

For your *spouse* or *dependent* to be eligible for coverage, they must not be full-time members of the armed forces of any country. A Monroe County Employee who is also the spouse of a Monroe County Employee may only be covered under one policy.

Employee Coverage Effective Date

The effective date of coverage depends on several factors. For your Supplemental Life insurance to become effective, you must satisfy:

- An *active work* requirement (If you are incapable of *active work* on the day before the scheduled effective date of insurance, your insurance including Dependents Life insurance will not become effective until the day after you complete 1 day of *active work* as an eligible employee.)
- An *evidence of insurability* requirement, if applicable

If above is satisfied, coverage is effective on the date of your first payroll deduction

Coverage for your *spouse* and any *dependents* is effective at the same time as your coverage.

For more information about when your coverage goes into effect, please call Norvest Financial Services.

Employee Coverage Amount

You may elect Supplemental Life coverage in units of $10,000, to a maximum of $500,000. If you want to become insured for an amount of Supplemental Life Insurance greater than the ***guarantee issue amount of* $250,000** you must provide satisfactory evidence of insurability.

All late applications and requests for coverage increases also require you to provide satisfactory *evidence of insurability.*

This plan also includes Dependents Life Insurance from The Standard.

Spouse Coverage Amount

Coverage for your *spouse* is available in units of $10,000 to a maximum of $200,000, but not to exceed 100% of your amount of Supplemental Life coverage.

If you elect an amount of Dependents Life coverage for your *spouse* greater than the ***guarantee issue amount* of $20,000,** your *spouse* must provide satisfactory *evidence of insurability.* All late applications and requests for coverage increases will also require satisfactory *evidence of insurability.*

Dependents Coverage Amount

You may elect in increments of $2,500 up to $10,000 of Dependents Life insurance for your eligible *children.* Child means your unmarried child from live birth through age 20, (age 24 if a registered student in full time attendance at an accredited educational institution), who is dependent upon you for support and maintenance. All late applications will require satisfactory *evidence of insurability.* Note: A stepchild living in your home may only be covered under the Dependents Life plan if the natural parent, if living provides written authorization.

Employee Rates

If you elect Supplemental Life insurance, **your bi-weekly premium rate for this plan is indicated in the premium table on the last page.** Premiums for this coverage will be deducted after taxes directly from your paycheck.

Spouse Rates

If you elect Dependents Life insurance for your spouse, your bi-weekly premium rate for this coverage is also indicated in the premium table. Premiums for this coverage will be deducted after taxes directly from our paycheck.

Child(ren) Rates

If you elect Dependents Life insurance for your eligible child(ren), your bi-weekly premium rate for this coverage is $0.23 per $2,5000; (up to $10,000) regardless of the number of eligible children covered. Premiums for this coverage will be deducted after taxes directly from your paycheck.

Waiver of Premium Provision

The Standard may continue your insurance without payment of premium if you are insured under the *group policy* and:

- Are under the age of 60
- Become *totally disabled* or receive an *Accelerated Benefit*
- Complete the *waiting period* of 180 days
- Provide The Standard with satisfactory proof of *loss*

The amount of insurance continued under the *Waiver of Premium* provision will be reduced or terminated according to the *group policy.*

Age Reduction Schedule

Under this plan, your insurance and insurance on your *spouse* reduces to 65 percent at age 65, to 50 percent at age 70, and to 35 percent at age 75. If you are age 65 or over, call Norvest Financial Services at 1-888-869-8252 for the amount of coverage available.

Exclusions

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted *injury.* The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Supplemental Life Coverage Ends

Supplemental Life coverage for you will automatically end on the earliest of the following:

- The date the last period ends for which you made a premium contribution
- The date the Group Policy terminates or is amended to terminate coverage for your class
- The date your employment terminates, unless your insurance is continued under the **Portability Of Insurance** provision, or **Waiver Of Premium** provision
- The date you cease to be a Member because you are working less than the required minimum number of hours.

If your Life Insurance ends, you can apply to buy an individual policy of life insurance, as described in **Right To Convert.**

The Group Supplemental Life Certificate includes information about when your insurance ends.

Supplemental Life coverage for a *spouse* or *child* will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Group Life insurance ends
- The date Dependents Life insurance terminates under the *group policy*
- The date your *employer's* coverage under the *group policy* for Dependents Life insurance terminates
- The date a *dependent* ceases to be an eligible *dependent*
- For your *spouse*, the date of your divorce or annulment of your marriage
- For a *child*, the date the *child* ceases to be a *dependent*, including attainment of the limiting age
- For a *child* who is *disabled*, 90 days after The Standard mails you a request for proof of *disability*, if proof is not given

If you have any questions, please call Norvest Financial Services at 1-888-869-8252.

Group Insurance Certificate: If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way.

Monroe County Supplemental Life Insurance Bi-Weekly Premiums

Employee Bi-Weekly Premium

Age	$20,000	$50,000	$100,000	$150,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
under 30	$0.73	$1.82	$3.65	$5.47	$7.29	$9.12	$10.94	$12.76	$14.58	$16.41	$18.23
30-34	$0.94	$2.35	$4.71	$7.06	$9.42	$11.77	$14.12	$16.48	$18.83	$21.18	$23.54
35-39	$1.04	$2.61	$5.22	$7.82	$10.43	$13.04	$15.65	$18.25	$20.86	$23.47	$26.08
40-44	$1.57	$3.92	$7.85	$11.77	$15.69	$19.62	$23.54	$27.46	$31.38	$35.31	$39.23
45-49	$2.30	$5.75	$11.49	$17.24	$22.98	$28.73	$34.48	$40.22	$45.97	$51.72	$57.46
50-54	$3.66	$9.14	$18.28	$27.42	$36.55	$45.69	$54.83	$63.97	$73.11	$82.25	$91.38
55-59	$6.79	$16.98	$33.97	$50.95	$67.94	$84.92	$101.91	$118.89	$135.88	$152.86	$169.85
60-64	$7.93	$19.82	$39.65	$59.47	$79.29	$99.12	$118.94	$138.76	$158.58	$178.41	$198.23
65-69	$15.23	$38.08	$76.15	$114.23	$152.31	$190.38	$228.46	$266.54	$304.62	$342.69	$380.77
70 +	$68.03	$170.08	$340.15	$510.23	$680.31	$850.38	$1020.46	$1,190.54	$1,360.62	$1.530.69	$1,700.77

Spouse Bi-Weekly Premium
(Premium is based upon Employee's age)

Age	$10,000	$20,000	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000
under 30	$0.29	$0.58	$0.73	$1.45	$2.18	$2.91	$3.63	$4.36	$5.09	$5.82
30-34	$0.39	$0.78	$0.97	$1.94	$2.91	$3.88	$4.85	$5.82	$6.78	$7.75
35-39	$0.44	$0.88	$1.10	$2.19	$3.29	$4.38	$5.48	$6.58	$7.67	$8.77
40-44	$0.63	$1.26	$1.58	$3.16	$4.74	$6.32	$7.90	$9.48	$11.07	$12.65
45-49	$0.92	$1.85	$2.31	$4.62	$6.92	$9.23	$11.54	$13.85	$16.15	$18.46
50-54	$1.48	$2.95	$3.69	$7.38	$11.08	$14.77	$18.46	$22.15	$25.85	$29.54
55-59	$2.72	$5.45	$6.81	$13.62	$20.42	$27.23	$34.04	$40.85	$47.65	$54.46
60-64	$3.18	$6.37	$7.96	$15.92	$23.88	$31.85	$39.81	$47.77	$55.73	$63.69
65-69	$6.14	$12.28	$15.35	$30.69	$46.04	$61.38	$76.73	$92.08	$107.42	$122.77
70+	$27.37	$54.74	$68.42	$136.85	$205.27	$273.69	$342.12	$410.54	$478.96	$547.38

Child Bi-Weekly Premium

	$2,500	$5,000	$10,000
Bi-Weekly Cost	$0.23	$0.46	$0.92

Shaded amounts require a Medical History Statement to be completed – Employee may elect up to 6 times annual salary or up to $250,000, whichever is less