

Voluntary Term Life Insurance Overview

Prepared for the employees of Ozarks Technical Community College



What would happen to your family if you and your income were gone?

- Could they maintain their standard of living?
- Pay for college tuition?
- Household bills?
- What about monthly mortgage or rent?

Three in 10 households carry no life insurance on anyone in the household.

Household Trends in U.S. Life Insurance Ownership. LIMRA, 2010

Half of U.S. households now believe they are underinsured.

Household Trends in U.S. Life Insurance Ownership. LIMRA, 2010

Voluntary Term Life Insurance Coverage – paid by you

Employee – If you are an active, full-time employee and work at least 40 hours per week for your employer

- Benefit Amount – \$10,000 Units
- Guaranteed Coverage Amount – \$200,000
- Maximum – \$500,000
- Benefit Reduction Schedule – Providing you are still employed, your
- Benefits will reduce to 50% at age 70

Your Spouse – Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount – Units of \$5,000
- Guaranteed Coverage Amount - \$50,000

amount

Your Unmarried, Dependent Children – From 14 days to age 23 (or under age 25 if they are full-time students), as long as you apply for and are approved for coverage for yourself.

- Maximum – \$250,000, not to exceed 50% of the employee's coverage
- Benefit Amount – Units of \$10,000
- Maximum – \$20,000

No one may be covered more than once under this plan.

Guaranteed Coverage for Voluntary Term Life Insurance Coverage

Guaranteed Coverage Amount is the amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed Coverage is only available during Initial Enrollment and other times as approved. If you apply for coverage that is above the Guaranteed Coverage Amount, or if you are applying for coverage after 31 days after you become eligible, you must fill out a Medical Evidence of Insurability form. All dependent child benefits are guaranteed issue.

How Much Your Coverage will Cost per Month

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Benefit	Premium Cost
<30	\$0.07	\$0.07	60-64	\$0.96	\$0.96	Voluntary Child per \$1,000 of Coverage Elected	\$0.13
30-34	\$0.08	\$0.08	65+	\$1.38	\$1.38		
35-39	\$0.11	\$0.11					
40-44	\$0.15	\$0.15					
45-49	\$0.26	\$0.26					
50-54	\$0.40	\$0.40					
55-59	\$0.78	\$0.78					

* Costs are subject to change

Cost Calculation Example

	Age	Monthly Cost per \$1,000		Benefit				Monthly Cost
Example	33	.08	X	100,000	÷	1,000	=	\$8.00
<i>Yours</i>			X		÷	1,000	=	

Other Coverage Features

Accelerated Death Benefit — Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the benefit for terminal illness provides for up to 50% of the Term Life Insurance coverage amount in force or \$250,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

Conversion

If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are

subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

Portability

This plan allows you to continue all of your voluntary coverage if you leave your employer. Premiums may change at this time. Just pay your premiums directly to the insurance company. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children.

Exclusions

Voluntary life insurance will not be paid if loss of life is the result of suicide that occurs within the first two years of coverage.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLX-966385. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. "Cigna" and the Tree of Life logo are registered service marks of Cigna Intellectual Property, Inc. © Cigna 2014