

# Plummer Worley School District #44

## Summary of Benefits

### Group Term Base Life and Accidental Death & Dismemberment

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All Full-Time Employees working a minimum of 20 hours per week are eligible.

**Employee Life and Accidental Death & Dismemberment** **\$20,000**

#### Dependent Life

Spouse	<b>\$ 2,000</b>
Children 15 days to 6 months	<b>\$ 100</b>
Children 6 months to 26* years of age	<b>\$ 2,000</b>

\*If unmarried and financially dependent upon you.

**Conversion Privilege** – Employee and Dependent(s) may convert Group Life Insurance coverage, without evidence of insurability, to an Individual Life Insurance policy during the 31 day period following termination of employment.

**Accidental Death & Dismemberment Insurance** – Payable when an Insured Employee suffers a loss\* as a result of an accidental bodily injury sustained in an accident.

\*A table outlining the Description of Loss and payable benefit can be found in the group's complete certificate of coverage.

Benefits reduce to 65% at age 65, to 50% at age 70 and over and terminates at Retirement.

### Long Term Disability

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All Full-Time Employees working a minimum of 20 hours per week are eligible.

A monthly benefit payable to an insured employee in the event they become disabled due to sickness or injury and are unable to perform one or more of the essential duties of his/her regular occupation for **24 months**. The insured employee must be earning less than 80% of his/her pre-disability earnings.

This benefit will pay the insured employee **60%** of their pre-disability gross monthly earnings to a maximum benefit of **\$6,000 per month**. **The duration of payments is based on the insured's age when disability occurs.** For a complete table of your benefit duration period, please refer to the certificate of coverage.

#### Elimination Period

An elimination period of **90 days** after disability begins must be met before benefits are payable.

Age	Voluntary LTD Rates Per \$100 of Monthly Covered Payroll
< 24	\$0.09
25-29	\$0.12
30-34	\$0.15
35-39	\$0.19
40-44	\$0.30
45-49	\$0.43
50-54	\$0.59
55-59	\$0.70
60-64	\$0.70
65+	\$0.70

**This Benefit Summary is not part of your group's Policy or the Certificate of Coverage. The policy and certificate may contain certain Limitations and Exclusions not stated in this Benefit Summary. Please see the issued Policy and Certificate of Coverage for specific plan information.**



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### Group Term Supplemental Life – Active Employees Only

All Full-Time Employees working a minimum of 20 hours per week are eligible.

<i>Classification</i>	<i>Supplemental Life Benefit</i>
All Active Full-Time Employees Only	Up to \$300,000, in \$10,000 increments, not to exceed 3 X Basic Annual Earnings, whichever is less
	<b>Guarantee Issue - \$50,000</b>

<i>Classification</i>	<i>Supplemental Life Plan</i>
Spouse	Up to \$100,000, in \$5,000 increments, not to exceed 50% of the Employee's Supplemental Life Election
Children 15 days to 6 months of age	\$ 1,000
Children 6 months to 26* years of age	Up to \$10,000, in \$2,000 increments.
<b>Spouse Guarantee Issue – Up to \$10,000; Children Guarantee Issue – Up to \$10,000</b>	
*If unmarried and financially dependent upon you.	

### Supplemental Plan

Age	Employee & Spouse Supplemental Life Rate per \$1000
Under 30	\$ .050
30 – 34	\$ .050
35 – 39	\$ .071
40 – 44	\$ .114
45 – 49	\$ .191
50 – 54	\$ .337
55 – 59	\$ .497
60 – 64	\$ .744
65 & Over	\$ 1.161
Child(ren) Unit Per \$1000	\$ .20

\*Supplemental Spouse rates and premiums are based on the Employee's age, not the Spouse's age.

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