



Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die
- An annual enrollment opportunity. See Annual Enrollment section for additional details.

Ⓢ About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

<p>How Much Can I Apply For?</p> <p>Your Additional Life amount cannot exceed a maximum of 5 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.</p>	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Spouse:	\$5,000 – \$50,000 in increments of \$5,000
	For Your Child(ren):	\$1,000 – \$10,000 in increments of \$1,000
<p>What is the Guarantee Issue Maximum?</p> <p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.</p>	For You:	Up to \$150,000
	For Your Spouse:	Up to \$50,000

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

☰ Annual Enrollment

During North Clackamas School District's Annual Enrollment Period

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$150,000, you may elect to increase your coverage by \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$150,000 without having to answer health questions.

For Your Spouse. If your spouse is currently enrolled in Dependents Life insurance for an amount less than \$50,000, you may elect to increase coverage by \$5,000 annually, up to, but not to exceed, the guarantee issue amount of \$50,000 without having to answer health questions.

If you and/or your spouse were previously declined coverage by The Standard, you and/or your spouse will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit www.standard.com/mhs to complete and submit a medical history statement online.

☰ Additional Feature

Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

How Much Your Coverage Costs

Your Basic Life insurance is paid for by North Clackamas School District. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

$$\frac{\text{Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section)}}{1000} = \text{_____} \times \text{Enter your rate from the rate table.} = \text{This amount is an estimate of how much you would pay each month.}$$

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$0.07 per \$1,000, no matter how many children you're covering.

Age (as of last January 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse's Rate (Per \$1,000 of Total Coverage)
<35	\$0.080	\$0.080
35-39	\$0.090	\$0.090
40-44	\$0.100	\$0.100
45-49	\$0.150	\$0.150
50-54	\$0.230	\$0.230
55-59	\$0.430	\$0.430
60-64	\$0.660	\$0.660
65-69	\$1.270	\$1.270
70-74	\$2.060	\$2.060
75+	\$3.468	\$3.468

Employee Life Monthly Premiums

Coverage Amount	Employee's Age as of last January 1									
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	0.80	0.90	1.00	1.50	2.30	4.30	6.60	8.26	10.30	17.34
\$20,000	1.60	1.80	2.00	3.00	4.60	8.60	13.20	16.51	20.60	34.68
\$30,000	2.40	2.70	3.00	4.50	6.90	12.90	19.80	24.77	30.90	52.02
\$40,000	3.20	3.60	4.00	6.00	9.20	17.20	26.40	33.02	41.20	69.36
\$50,000	4.00	4.50	5.00	7.50	11.50	21.50	33.00	41.28	51.50	86.70
\$60,000	4.80	5.40	6.00	9.00	13.80	25.80	39.60	49.53	61.80	104.04
\$70,000	5.60	6.30	7.00	10.50	16.10	30.10	46.20	57.79	72.10	121.38
\$80,000	6.40	7.20	8.00	12.00	18.40	34.40	52.80	66.04	82.40	138.72
\$90,000	7.20	8.10	9.00	13.50	20.70	38.70	59.40	74.30	92.70	156.06
\$100,000	8.00	9.00	10.00	15.00	23.00	43.00	66.00	82.55	103.00	173.40
\$110,000	8.80	9.90	11.00	16.50	25.30	47.30	72.60	90.81	113.30	190.74
\$120,000	9.60	10.80	12.00	18.00	27.60	51.60	79.20	99.06	123.60	208.08
\$130,000	10.40	11.70	13.00	19.50	29.90	55.90	85.80	107.32	133.90	225.42
\$140,000	11.20	12.60	14.00	21.00	32.20	60.20	92.40	115.57	144.20	242.76
\$150,000	12.00	13.50	15.00	22.50	34.50	64.50	99.00	123.83	154.50	260.10
\$160,000	12.80	14.40	16.00	24.00	36.80	68.80	105.60	132.08	164.80	277.44
\$170,000	13.60	15.30	17.00	25.50	39.10	73.10	112.20	140.34	175.10	294.78
\$180,000	14.40	16.20	18.00	27.00	41.40	77.40	118.80	148.59	185.40	312.12
\$190,000	15.20	17.10	19.00	28.50	43.70	81.70	125.40	156.85	195.70	329.46
\$200,000	16.00	18.00	20.00	30.00	46.00	86.00	132.00	165.10	206.00	346.80
\$210,000	16.80	18.90	21.00	31.50	48.30	90.30	138.60	173.36	216.30	364.14
\$220,000	17.60	19.80	22.00	33.00	50.60	94.60	145.20	181.61	226.60	381.48
\$230,000	18.40	20.70	23.00	34.50	52.90	98.90	151.80	189.87	236.90	398.82
\$240,000	19.20	21.60	24.00	36.00	55.20	103.20	158.40	198.12	247.20	416.16
\$250,000	20.00	22.50	25.00	37.50	57.50	107.50	165.00	206.38	257.50	433.50
\$260,000	20.80	23.40	26.00	39.00	59.80	111.80	171.60	214.63	267.80	450.84
\$270,000	21.60	24.30	27.00	40.50	62.10	116.10	178.20	222.89	278.10	468.18
\$280,000	22.40	25.20	28.00	42.00	64.40	120.40	184.80	231.14	288.40	485.52
\$290,000	23.20	26.10	29.00	43.50	66.70	124.70	191.40	239.40	298.70	502.86
\$300,000	24.00	27.00	30.00	45.00	69.00	129.00	198.00	247.65	309.00	520.20
\$310,000	24.80	27.90	31.00	46.50	71.30	133.30	204.60	255.91	319.30	537.54
\$320,000	25.60	28.80	32.00	48.00	73.60	137.60	211.20	264.16	329.60	554.88
\$330,000	26.40	29.70	33.00	49.50	75.90	141.90	217.80	272.42	339.90	572.22
\$340,000	27.20	30.60	34.00	51.00	78.20	146.20	224.40	280.67	350.20	589.56
\$350,000	28.00	31.50	35.00	52.50	80.50	150.50	231.00	288.93	360.50	606.90
\$360,000	28.80	32.40	36.00	54.00	82.80	154.80	237.60	297.18	370.80	624.24
\$370,000	29.60	33.30	37.00	55.50	85.10	159.10	244.20	305.44	381.10	641.58
\$380,000	30.40	34.20	38.00	57.00	87.40	163.40	250.80	313.69	391.40	658.92
\$390,000	31.20	35.10	39.00	58.50	89.70	167.70	257.40	321.95	401.70	676.26
\$400,000	32.00	36.00	40.00	60.00	92.00	172.00	264.00	330.20	412.00	693.60
\$410,000	32.80	36.90	41.00	61.50	94.30	176.30	270.60	338.46	422.30	710.94
\$420,000	33.60	37.80	42.00	63.00	96.60	180.60	277.20	346.71	432.60	728.28
\$430,000	34.40	38.70	43.00	64.50	98.90	184.90	283.80	354.97	442.90	745.62
\$440,000	35.20	39.60	44.00	66.00	101.20	189.20	290.40	363.22	453.20	762.96
\$450,000	36.00	40.50	45.00	67.50	103.50	193.50	297.00	371.48	463.50	780.30
\$460,000	36.80	41.40	46.00	69.00	105.80	197.80	303.60	379.73	473.80	797.64
\$470,000	37.60	42.30	47.00	70.50	108.10	202.10	310.20	387.99	484.10	814.98
\$480,000	38.40	43.20	48.00	72.00	110.40	206.40	316.80	396.24	494.40	832.32
\$490,000	39.20	44.10	49.00	73.50	112.70	210.70	323.40	404.50	504.70	849.66
\$500,000	40.00	45.00	50.00	75.00	115.00	215.00	330.00	412.75	515.00	867.00

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Group Additional Life Insurance

Spouse Life Monthly Premiums

Coverage Amount	Employee's Age as of last January 1									
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$5,000	0.40	0.45	0.50	0.75	1.15	2.15	3.30	4.13	5.15	8.67
\$10,000	0.80	0.90	1.00	1.50	2.30	4.30	6.60	8.26	10.30	17.34
\$15,000	1.20	1.35	1.50	2.25	3.45	6.45	9.90	12.38	15.45	26.01
\$20,000	1.60	1.80	2.00	3.00	4.60	8.60	13.20	16.51	20.60	34.68
\$25,000	2.00	2.25	2.50	3.75	5.75	10.75	16.50	20.64	25.75	43.35
\$30,000	2.40	2.70	3.00	4.50	6.90	12.90	19.80	24.77	30.90	52.02
\$35,000	2.80	3.15	3.50	5.25	8.05	15.05	23.10	28.89	36.05	60.69
\$40,000	3.20	3.60	4.00	6.00	9.20	17.20	26.40	33.02	41.20	69.36
\$45,000	3.60	4.05	4.50	6.75	10.35	19.35	29.70	37.15	46.35	78.03
\$50,000	4.00	4.50	5.00	7.50	11.50	21.50	33.00	41.28	51.50	86.70

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life Monthly Premiums

Coverage Amount	Premium
\$1,000	0.07
\$2,000	0.14
\$3,000	0.21
\$4,000	0.28
\$5,000	0.35
\$6,000	0.42
\$7,000	0.49
\$8,000	0.56
\$9,000	0.63
\$10,000	0.70

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of North Clackamas School District and regularly working at least 20 hours per week
OR an active temporary employee of North Clackamas School District who is benefits eligible and regularly working at least .5 FTE

• Insured for Basic Life insurance through The Standard
Seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage.

*If you are hired between the 1st and 5th of the month, you will become eligible on the first day of the month. If you are hired on or after the 6th of the month, you will become eligible on the first day of the following month.

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65 and to 50 percent at age 70. If you or your spouse are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

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