

# Your Group Life Insurance Plan

HAYWARD UNIFIED SCHOOL DISTRICT

ACTIVE CERTIFICATED EMPLOYEES,  
OTHER THAN CERTIFICATED MANAGEMENT



Standard Insurance Company  
Group Life and Accidental Death & Dismemberment (AD&D) Insurance





# The Protection You Need From A Partner You Can Trust

Your employer provides you with an option for a Group Term Life Insurance plan that offers a basic level of financial security for your loved ones. This coverage is offered through Standard Insurance Company (The Standard), which has more than 100 years of experience helping customers achieve financial well-being and peace of mind. In addition, you may have the option of purchasing Supplemental Life Insurance for yourself, your spouse/domestic partner, and/or your children. See Page 3 of this booklet for your coverage options.

## Your Life Insurance plan features

- **Basic and Dependents Life Insurance coverage.**
- **Options** for you to purchase additional coverage to meet your specific needs.

## Additional plan features included at no additional cost

- **Accidental Death & Dismemberment (AD&D) Insurance** is included with your Basic and Dependents Life Insurance plans.
- **Accelerated Benefit** allows you to receive up to 80% of the amount of Life Insurance in force when you provide satisfactory proof to The Standard that, while insured, you have been diagnosed as terminally ill with a life expectancy of less than 12 months. The amount paid under the accelerated benefit reduces the amount of Life Insurance paid upon your death.
- **Qualified Disability Benefit** allows you to receive up to 60% of the amount of Life Insurance in force when you provide satisfactory proof to The Standard that, while insured, you are unable to perform two or more activities of daily living (bathing, continence, dressing, eating, toileting, transferring) without hands-on or standby assistance. The amount paid under the qualified disability benefit reduces the amount of Life Insurance paid upon your death.
- **Travel Assistance** provides insured employees and their families access to a comprehensive range of professional, 24-hour medical, legal and trip assistance information, as well as referral and coordination services. This worldwide assistance service is available to plan participants whenever they are traveling 100 miles or more from home or when traveling in a foreign country for trips up to 180 days<sup>1</sup>.

<sup>1</sup> Travel assistance is provided by UnitedHealthcare, which is not affiliated with Standard Insurance Company. Consult the UnitedHealthcare Travel Assistance program description for complete terms, conditions and limitations. For a copy of the program description call The Standard at 800.522.0406.

# Life Insurance Coverage Highlights

Hayward Unified School District- Active Certificated Employees, other than Certificated Management

|   |   |
|---|---|
| Eligibility                               | <p>You are eligible to participate in this plan if you are:</p> <ul style="list-style-type: none"><li>• An active Certificated employee of Hayward Unified, other than Certificated management</li></ul>  |
| Basic Life and AD&D Insurance             | \$15,000  |
| Basic Dependents Life and AD&D Insurance  | For your spouse/domestic partner and your children: \$1,500   |
| Supplemental Life and AD&D Insurance      | \$15,000 (optional employee-paid benefit available in addition to Basic Life and AD&D Insurance Benefit)  |
| Supplemental Plus Life and AD&D Insurance | <p>\$15,000 (optional employee-paid benefit available in addition to Basic and Supplemental Life and AD&amp;D Insurance Benefits)</p> <ul style="list-style-type: none"><li>• Participants must enroll in the Supplemental Life and AD&amp;D Insurance plan in order to elect the Supplemental Plus Life and AD&amp;D Insurance option.</li></ul>   |
| Age-based Benefit Reductions              | <ul style="list-style-type: none"><li>• Your Basic and Supplemental Insurance benefit in force reduces to 50% at age 70.</li><li>• Your Supplemental Plus Insurance benefit ends at age 65.</li></ul>   |
| Proof of Good Health                      | <p>Satisfactory proof of good health is required in all of the following instances<sup>2</sup>:</p> <ul style="list-style-type: none"><li>• If you apply for Supplemental Life Insurance and/or Supplemental Plus Life Insurance more than 120 days after you become eligible under your employer's Group Life Insurance plan, or you fail to make the required premium contribution by the third month following the date you apply.</li><li>• To become insured for any amount greater than the amount for which you or your dependent was insured under the prior plan, if you or your dependent was insured under the prior plan.</li><li>• For any increase in Supplemental Life Insurance and/or Supplemental Plus Life Insurance.</li><li>• For reinstatements, if required.</li></ul> |

<sup>2</sup> Satisfactory proof of good health will not be required for active participants to become insured for amounts of Supplemental Life Insurance, not to exceed the guarantee issue amount, for which you apply within 31 days following a qualifying family status change and for which you make the required premium contribution by the third month following the date you apply.

# Costs

| Coverage   | Benefit Amount   | Monthly Rate <sup>3</sup>                 |
|--|--|---|
| Basic Life and AD&D Insurance                          | \$15,000   | \$0 (Premium fully paid by your employer) |
| Basic Dependents Life and AD&D Insurance               | \$1,500  | \$0 (Premium fully paid by your employer) |
| Supplemental Life and AD&D Insurance <sup>4</sup>      | \$15,000 (In addition to Basic Life and AD&D Insurance amount)                   | \$3.00                                    |
| Supplemental Plus Life and AD&D Insurance <sup>4</sup> | \$15,000 (In addition to Basic and Supplemental Life and AD&D Insurance amounts) | \$3.00                                    |

<sup>3</sup> Frequency of required premium payments (monthly, tenthly, etc.) is determined by your employer.

<sup>4</sup> Participants in the California Teachers Association Voluntary Life and AD&D Insurance plan may have no more than a combined total of \$500,000 of Life Insurance, and no more than a combined total of \$500,000 of AD&D Insurance with The Standard.

Sign and date the completed form and return it to your Employer. If you have questions about completing this form please contact your Employer.

Employee Information

|  |               |   |                                 |  |     |
|--|---------------|---|---------------------------------|--|-----|
| PARTICIPANT ID   |               | POLICY NO.<br>503065  |                                 | SCHOOL DISTRICT Please do not abbreviate.<br>Hayward Unified School District |     |
| FIRST NAME   |               | MIDDLE INITIAL  | LAST NAME                       |  |     |
| MAILING ADDRESS  |               | CITY  |                                 | STATE  | ZIP |
| PHONE  | DATE OF BIRTH | GENDER<br><input type="checkbox"/> Male <input type="checkbox"/> Female   | GROSS ANNUAL SALARY<br>\$ _____ |  |     |
| DATE FIRST WORKED (CURRENT SCHOOL DISTRICT)  |               | ELIGIBILITY DATE  |                                 | HOURS WORKED PER WEEK  |     |
| BILLING CLASS  |               | TYPE OF EMPLOYEE<br><input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Board Member <input type="checkbox"/> Management / Confidential <input type="checkbox"/> Other |                                 |  |     |
| ARE YOU SELECTING COVERAGE DUE TO A QUALIFYING FAMILY STATUS CHANGE WITHIN THE LAST 31 DAYS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date _____ Type _____ |               |   |                                 |  |     |

Coverages

Refer to the enrollment materials provided or your benefits administrator when completing the following and mark the coverages you wish to elect. Coverage options may be subject to Evidence Of Insurability requirements (proof of good health).

|  |
|--|
| <b>Employer Paid Benefits</b> <ul style="list-style-type: none"><li>Basic Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance - \$15,000</li><li>Basic Dependents Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance - \$1,500</li></ul>  |
| <b>Optional Employee Paid Benefits</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Supplemental Life and AD&amp;D Insurance (in addition to Basic Life and AD&amp;D Insurance)</li><li><input type="checkbox"/> Supplemental Plus Life and AD&amp;D Insurance (in addition to Basic and Supplemental Life and AD&amp;D Insurance)</li></ul> |

Beneficiary Designations \* Required fields.

Unless otherwise specified on a separate sheet of paper, this designation applies to coverage available through your CEIP-endorsed plans, if any, including Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance associated with your Life Insurance. Designations are not valid unless signed, dated and delivered to The Standard at the address above during your lifetime. See page 3 for further information.

| FULL NAME* | DATE OF BIRTH* | ADDRESS | SOCIAL SECURITY NO. | RELATIONSHIP* | % OF BENEFIT* |
|------------|----------------|---------|---------------------|---------------|---------------|
| Primary    |                |         |                     |               |               |
| Primary    |                |         |                     |               |               |
|            |                |         |                     |               | TOTAL 100%    |
| Contingent |                |         |                     |               |               |
| Contingent |                |         |                     |               |               |
|            |                |         |                     |               | TOTAL 100%    |

Signature Required

I wish to make the choices indicated on this form. If electing coverage, I authorize my Employer to deduct premiums from my wages to cover my cost of insurance. I understand that my Employer may provide updated payroll information to The Standard either periodically or at The Standard's request to ensure proper premium deductions are being made for my coverage. I understand that my premium deduction amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## How much coverage do I need?

Use the worksheet below to calculate the amount of Life Insurance you may need. Once you determine how much coverage you need, complete the enrollment form in this booklet and submit it to your human resources department.

| Life Insurance Worksheet  | You      | Your Spouse/<br>Domestic Partner |
|---|----------|----------------------------------|
| <b>Immediate Needs</b>  |          |                                  |
| Medical and hospital expenses   | \$ _____ | \$ _____                         |
| Funeral/burial expenses   | _____    | _____                            |
| Loans/debts requiring payment upon death  | _____    | _____                            |
| <b>Taxes</b>  |          |                                  |
| Federal and state income taxes  | _____    | _____                            |
| Property taxes  | _____    | _____                            |
| Federal and state estate taxes  | _____    | _____                            |
| <b>Long Term Needs</b>  |          |                                  |
| Mortgage balance  | \$ _____ | \$ _____                         |
| Other debts (credit cards, car & student loans, etc.)   | _____    | _____                            |
| Educational/vocational fund   | _____    | _____                            |
| Emergency fund for unforeseen expenses  | _____    | _____                            |
| <b>Income Replacement</b>   |          |                                  |
| Consider the annual income needed to provide for everyday expenses like food, clothing and fuel, and multiply by the number of years that income is needed. | \$ _____ | \$ _____                         |
| <b>Total Income Needs</b>   |          |                                  |
| Add all of the above.   | \$ _____ | \$ _____                         |
| <b>Available Resources</b>  |          |                                  |
| Existing Life Insurance coverage  | \$ _____ | \$ _____                         |
| Other assets such as 401(k), stocks, bonds, etc.  | _____    | _____                            |
| <b>Total Available Resources</b>  |          |                                  |
| Add all of your available resources.  | \$ _____ | \$ _____                         |
| <b>Additional Life Insurance Needed</b>   |          |                                  |
| Subtract the amount of your total available resources from your total income needs.   | \$ _____ | \$ _____                         |

## Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are payable to a contingent beneficiary only if you are not survived by one or more primary beneficiaries.
- If you name two or more beneficiaries in a class (primary or contingent), two or more surviving beneficiaries will share equally, unless you provide for unequal shares. If you complete the “% of Benefit” box(es), the amounts should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.”
- If a minor (a person not of legal age) or your estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the beneficiary is a trust or trustee, the written trust must be identified in the beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated mm/dd/yyyy.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a beneficiary designation. If you have questions, consult your legal advisor.
- Spouse and/or Dependents Insurance, if any, is payable to you, if living, or as provided under the Group Policy.

# Answers to Common Questions

How are benefits paid?

For amounts of less than \$25,000, The Standard issues a check to each designated beneficiary. The Standard pays amounts of \$25,000 or more to each designated beneficiary by depositing funds into a convenient, no fee, interest-bearing draft account called Standard Secure Access. With Standard Secure Access, each beneficiary receives a personalized checkbook and has complete control of the account. Beneficiaries can write checks as needed or for the full amount. This arrangement allows beneficiaries to earn interest on their benefits while they take time to consider financial decisions.

How do I apply?

**Complete the enclosed enrollment form and give it to your employee benefits specialist.**

When does my Life Insurance become effective?

If proof of good health is not required: Subject to the active work requirement, Supplemental Life Insurance and Supplemental Plus Life Insurance not subject to satisfactory proof of good health becomes effective on the later of the date you become eligible, or the first day of the calendar month following the date you apply, provided the required premium contribution has been made for that month.

If you are required to provide proof of good health: Subject to the active work requirement, Supplemental Life Insurance and Supplemental Plus Life Insurance subject to satisfactory proof of good health becomes effective on the first day of the calendar month following the date we approve your Medical History Statement, provided the required premium contribution has been made for that month.

If my Life Insurance ends or is reduced, can I convert to an individual policy?

If your Life Insurance from The Standard ends or is reduced for any reason other than failure to pay premiums, you may be able to convert the terminated coverage to certain types of individual Life Insurance policies without providing proof of good health. You must apply for conversion and pay the required premium within 31 days after group coverage ends or is reduced. AD&D Insurance may not be converted under this provision.

May I buy group Life Insurance after I leave my employer?

If your insurance ends because your employment terminates or your occupation changes so that you are no longer eligible under the group policy, you may be eligible to buy group Life Insurance from The Standard through the portability provision, assuming you meet the eligibility requirements. Please see your employee benefits specialist for additional information.

What if I have additional questions?

**If you have any additional questions, please contact your employee benefits specialist.**

# Life Insurance Terms and Exclusions

## Life Insurance active work requirement

All coverage is subject to an active work requirement. Active work means performing the material duties of your own occupation at your employer's usual place of business. You must be capable of active work on the scheduled effective date of your insurance or an increase in your insurance or your insurance or increase will not become effective as scheduled. If you are incapable of active work on the scheduled effective date of insurance due to physical disease, injury, pregnancy or mental disorder, your insurance or increase in insurance (including Dependents Life Insurance) will not become effective until after you complete one full day of active work as an eligible participant.

## Life Insurance termination provisions

Life Insurance will automatically end on the earliest of the following:

- The date the last period ends for which a premium was paid for your Life Insurance (except if premiums are waived while totally disabled)
- The date the group policy terminates
- The date your employer's participation under the group policy is terminated
- The date your employment terminates, unless otherwise stated in the group policy
- For Supplemental Plus Life Insurance, the earlier of a) the date you reach age 65 and b) the date of your retirement
- The first day of the calendar month following the date you cease to be a participant; however, insurance may continue with premium payments for limited periods under certain circumstances

## Dependents Life Insurance termination provisions

Dependents Life Insurance (if applicable) will automatically end on the earliest of the following:

- Two years after the date you die (however, coverage will not be continued beyond the date your surviving spouse/domestic partner remarries or enters a domestic partner relationship)
- The date your Life Insurance ends under the group policy
- The date the group policy or Dependents Life Insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life Insurance
- When the dependent ceases to be an eligible dependent
- For your spouse/domestic partner, the date of your divorce or termination of your domestic partner relationship

- For a child who is disabled, 90 days after we mail you a request for proof of disability, if proof is not given
- The date you retire

## Accidental Death and Dismemberment (AD&D) exclusions and limitations

Losses must be caused solely and directly by the accident. No AD&D Insurance benefit is payable if the accident or loss is caused or contributed to by war or act of war (including declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature); suicide or other intentionally self-inflicted injury, while sane or insane; committing or attempting to commit an assault or felony; physical disease (including but not limited to heart attack or stroke); mental disorder or pregnancy, bacterial infections (except infections which occur with and through a cut or wound at the time of the accident); medical or surgical treatment for any of the above (except surgical treatment required by the accident and performed within 90 days after the accident). AD&D benefits are not payable for losses occurring more than 365 days after the accident.

## AD&D termination provisions

AD&D Insurance for you automatically ends on the earliest of the following:

- The date your Group Life Insurance ends
- The date the last period ends for which a premium was paid for your AD&D Insurance
- The date your Waiver of Premium begins
- The date AD&D Insurance terminates under the Group Policy
- The date you retire

## Dependents AD&D termination provisions

Dependents AD&D Insurance (if applicable) ends automatically on the earliest of the following:

- The date your Dependents Life Insurance ends
- The date Dependents AD&D Insurance terminates under the Group Policy
- The date the last period ends for which a premium was paid for your Dependents AD&D Insurance
- For your spouse/domestic partner, the date of your divorce or termination of your domestic partner relationship
- For any dependent, the date the dependent ceases to be a dependent
- For a child who is disabled, 90 days after we mail you a request for proof of disability, if proof is not given
- The date your Waiver of Premium begins
- The date you retire

The information in this booklet is subject to all of the terms and provisions of the group policy.

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