

Plan

Voluntary Group Critical Illness Insurance



SWCCCASE - Educational Benefit Cooperative (EBC)

Coverage

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

Eligibility

Employees: Each Active Full-Time Employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ Your legal spouse or your domestic partner.
Spouse must be under age 70 at date of application.
Coverage terminates at age 75.
- ▶ Your dependent children* from birth to 26 years.

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

A person may not have coverage as both an Employee and Dependent.

Benefit Amount

Employee: Choose from a minimum \$5,000 to a maximum of \$30,000 in \$1,000 increments.

Spouse: Choose from a minimum of \$5,000 to a maximum of \$30,000 in \$1,000 increments, not to exceed 100% of approved employee amount.

Dependent child(ren): 25% of approved employee amount up to a maximum of \$12,500

Guaranteed

Issue Employee:

\$30,000 Spouse:

\$30,000

Child: All child amounts are guaranteed issue

Contribution Requirements

Coverage is 100% employee paid.

New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Features

DIAGNOSIS ADULT	BENEFIT
Acute Respiratory Distress Syndrome	25%
Alzheimer's	50%
Benign Brain Tumor	100%
Carcinoma in Situ – Partial Benefit	25%
Coma	100%
Coronary Disease – Partial Benefit	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS; Lou Gehrig's)	50%
Multiple Sclerosis	50%
Occupational Hepatitis	100%
Occupational HIV	100%
Paralysis	100%
Parkinson's	50%
Ruptured Cerebral; Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Skin Cancer-Partial Benefit	5%
Stroke	100%

Exclusions

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features. (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features. (Recurrence).

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance, which also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state.

It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9537-0118, et al.

CHILD DIAGNOSIS	BENEFIT
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%

- ▶ Lifetime Maximum Benefit – 1,000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- ▶ Recurrence Benefit (Same Illness) – 50% if diagnosed 6 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Portability to employee age 70
- ▶ **Wellness (Health Screening) Benefit – \$50**