

# Group Supplemental Term Life Insurance

Enrollment at a glance

For the employees of: North American Division of Seventh-day Adventists  
 Group Policy Number 678074  
**Employee Paid**

## What is Group Term Supplemental Life Insurance?

- Offered through your employer
- Pays a benefit to your beneficiary if you pass away during a specific period of time (“term”)
- Term is generally one year, renewing annually with other employer-offered benefits
- Your employer offers Basic Life Insurance, which is the amount they provide at no cost to you.
- You also have the option to elect additional coverage called Supplemental Life Insurance.

## Eligibility and coverage options

	For you	For your spouse*	For your children
<b>Eligibility</b>	Full-Time and Part-Time Employees as defined by your Employer.	If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage as a spouse.	To age 26.  If your child is covered under the policy as an employee, then your child is not eligible for coverage as a child.  If both parents are covered as employees, only one but not both may cover the same children. If the parent who is covering the children stops being insured as an employee, the other parent may apply for children's coverage.
<b>Evidence of insurability (health questions)</b>	When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.	When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.	When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.
<b>Age reductions</b>  Note: Your payroll deductions will be adjusted to pay premium based on the new benefit amount(s).	Not applicable.	Benefit amount reduces to 65% of original coverage at spouse age 70, and to 50% of original coverage at age 75 and after.	Not applicable

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## Supplemental Term Life Insurance Coverage Options

	For You	For Your Spouse	For Your Child(ren)
<b>Coverage Options</b>	\$10,000 to \$750,000 in \$10,000 increments. Note: Combined Basic and Supplemental Life coverage maximum is \$850,000.	\$10,000 to \$250,000 in \$10,000 increments. Coverage is limited to 100% of the total amount of Employee Supplemental Life Insurance.	\$1,000 to \$25,000 in \$1,000 increments on your children from birth but less than 26 years. Coverage is limited to 100% of the total amount of Employee Supplemental Life Insurance.
<b>Guaranteed Issue Offer*</b>	<p><b>Initial eligibility or new hire</b> - You can elect up to \$250,000 of Supplemental Life coverage without providing evidence of insurability.</p> <p><b>Annual Enrollment</b> – Employees can increase Supplemental Life up to \$250,000 without providing evidence of insurability.</p> <p><b>Note</b> - Employees previously denied for coverage are not eligible for this offer</p> <p>All elections not described above require evidence of insurability.</p>	<p><b>Initial eligibility</b> – You can elect up to \$30,000 of coverage without providing evidence of insurability on your spouse during this annual enrollment period.</p> <p><b>Annual Enrollment</b> – All new coverage or increases to coverage require Evidence of Insurability.</p>	<p><b>Initial eligibility</b> - You can elect up to \$25,000 of coverage without providing evidence of insurability on your child(ren).</p> <p><b>Annual Enrollment</b> – All new coverage or increases to coverage require Evidence of Insurability.</p>

Contact your employer if you have questions about the definition of "child" for your plan.

**\*Evidence of insurability is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above or you submit an application for coverage more than 31 days after the date you become eligible. Evidence of insurability is subject to approval by the insurance company.**

Age reduction(s) are not applicable to Supplemental Life Insurance coverage.

## Personal Accident Insurance/Accident Death & Dismemberment

Personal Accident Insurance provides additional protection for your loved ones in the event you are killed or severely injured in a covered accident. Personal Accident Insurance can help you or your family deal with expenses and financial obligations that arise in the wake of a serious accident.

	For You	For Your Spouse	For Your Children
<b>Eligibility</b>	Full-Time and Part-Time Employees as defined by your Employer.	Coverage is available only if Employee Supplemental Personal Accident Insurance is elected.	Coverage is available only if Employee Supplemental Personal Accident Insurance is elected.
<b>Coverage Options</b>	\$10,000 to \$500,000 in \$10,000 increments.	\$10,000 to \$500,000 in \$10,000 increments. Coverage is limited to 100% of the total amount of Employee Supplemental Personal Accident Insurance coverage.	\$5,000 to \$25,000 in \$5,000 increments on your children from birth but less than 26 years.
<b>Pilot Coverage Options Only</b>	\$25,000 to \$125,000 in \$25,000 increments.	Not applicable.	Not applicable.
<b>Coverage Available without Health Questions</b>	You can elect Employee Supplemental Personal Accident Insurance without providing evidence of insurability.	You can elect Spouse Supplemental Personal Accident Insurance without providing evidence of insurability on your spouse.	You can elect Child(ren) Supplemental Personal Accident Insurance without providing evidence of insurability on your children.
<b>Age Reduction(s)</b>	Not applicable.	Not applicable.	Not applicable.

\*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

### What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** This benefit is equal to 80% of your amount of Basic Life Insurance in force, or \$500,000, whichever is less. This benefit is available to employees only. Employees must have at least \$10,000 in Supplemental Life Insurance coverage in force to qualify for this benefit.
- **Accidental Death and Dismemberment (AD&D) Insurance\*:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like.
- **Portability:** You may apply to continue only your Supplemental coverage when you leave your current employer, and pay premiums to the insurance company directly.
- **Waiver of Premium:** If you become unable to work due to total disability, only your Supplemental Life Insurance can be continued without premium payment.
- **Convenient payroll deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

\*Coverage on your spouse and children is also available.

## How much does my life insurance cost?

Employee and Spouse Supplemental Life Insurance Rates	
Age	Monthly rate per \$1,000 of coverage
Under 25	\$0.050
25-29	\$0.055
30-34	\$0.061
35-39	\$0.067
40-44	\$0.092
45-49	\$0.139
50-54	\$0.226
55-59	\$0.391
60-64	\$0.450
65-69	\$0.791
70-74	\$1.43
75+	\$2.06

Children Life Insurance Rates	
Monthly cost for all eligible children	
Coverage levels	Monthly cost
\$1,000	\$0.19

Personal Accident Insurance Rates	
Coverage Type	Monthly Cost per \$1,000 of Coverage
Employee	\$0.027
Spouse	\$0.027
Children	\$0.026
Pilot	\$0.040

The rates are per individual.

Use the steps below to calculate your premium for you and your spouse based on the amount of insurance you elected:

**Step 1:** Enter the rate per \$1,000 based on age: \_\_\_\_\_

**Step 2:** Take the amount of insurance and divide it by 1,000: \_\_\_\_\_

(Example: For \$150,000 of coverage, enter "150")

**Step 3:** Multiply lines 1 and 2 (this is your monthly cost): \_\_\_\_\_

**Monthly cost for your children:** (covers all eligible children)

Enter the monthly cost for the amount of coverage from the table above: \_\_\_\_\_

### Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

Accidental Death Insurance has exclusions that are described in the certificate of insurance or rider.

### Are there additional non-insurance services available?

- **Funeral Planning and Concierge Services**  
*Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.*
- **Employee Assistance Program**  
*Employee Assistance Program (EAP) services are provided by ComPsych® Corporation, Chicago, IL.*
- **Voya Travel Assistance**  
*Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.*

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 Question

For more information or to access the certificate of insurance,

<https://presents.voya.com/EBRC/SDA>

**If you or your spouse or children were previously declined for Supplemental Life Insurance by the insurance company, you are not eligible for this one-time offer.**

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

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