

For the employees of: Board of Education of Charles County Group # 281662

What is Supplemental Group Term 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
- You have the option to elect additional coverage called Supplemental Life Insurance.

Eligibility and coverage options

	For you	For your spouse*	For your children
Eligibility	All active employees working 20+ hours per week.	<p>If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse benefit.</p> <p>Coverage is available only if Employee Supplemental Life Insurance is elected.</p>	<p>To age 26.</p> <p>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.</p>
Supplemental Life Insurance coverage options	Eligible employees may elect Supplemental Life Insurance of \$20,000 to \$500,000 in \$10,000 increments.	<p>Eligible employees may elect spouse Supplemental Life Insurance of \$10,000 to \$50,000 in \$10,000 increments.</p> <p>Coverage cannot exceed 100% of your approved employee Supplemental Life Insurance amount.</p>	Eligible employees may elect Children Supplemental Life Insurance of \$5,000 or \$10,000.
Guaranteed issue (GI) limit	You may elect \$250,000 without providing evidence of insurability during this enrollment period.	You may elect up to \$50,000 without providing evidence of insurability during this enrollment period.	You may elect up to \$10,000 without providing evidence of insurability
Evidence of insurability (health questions)	<p><i>Total Supplemental Life Insurance coverage up to \$500,000 is available if you complete an evidence of insurability subject to approval by the insurance company.</i></p> <p><i>When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.</i></p>	N/A	N/A

Age reductions Note: Your payroll deductions will be adjusted to pay premium based on the new benefit amount(s).	Benefit amount reduces to 65% of original coverage at age 70, to 50% of original coverage at age 75. Coverage terminates at retirement.	Benefit amount reduces to 65% of original coverage at age 70, to 50% of original coverage at age 75. Coverage terminates at retirement.	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:** If you are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Conversion*:** You may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- **Waiver of Premium:** If you become unable to work due to total disability, your Basic and 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 available if they are enrolled for Life Insurance.

How much does my life insurance cost?

Rates shown may change on any January 1 and are guaranteed for the following 12 months.

Employee & Spouse Supplemental Life Insurance Rates

Employee Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.10
40-44	\$0.13
45-49	\$0.22
50-54	\$0.36
55-59	\$0.56
60-64	\$0.88
65-69	\$1.58
70 +	\$2.83

Children Supplemental Life Insurance Rates

Monthly cost for all eligible children

Coverage Levels	Monthly Cost
\$5,000	\$1.00
\$10,000	\$2.00

The rates are per individual.

ReliaStar Life Insurance Company, a member of the Voya® family of companies

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.

- **Voya Travel Assistance**

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.



Questions?

How do I enroll?

You can enroll in benefits 10/29/2018 – 11/30/2018.

To enroll for your benefits:

*Go to <https://ccboe.hrintouch.com>

- You will click on "Register or Reset your Account."

When registering your account, your Username must be between 6 and 50 alphanumeric characters.

- Your password must be between 8 and 15 characters

Must contain at least one number

Must contain at least one upper case and one lower case letter

Cannot contain more than two of the same characters consecutively

Cannot be the same as the username or SSN

This offer is contingent upon participation requirements being met.

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, a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

CN0209-30901-0218

Board of Education of Charles County, Group #281662 FID 14486 Date Prepared: 10/09/2018

177547-04/01/2017

ReliaStar Life Insurance Company, a member of the Voya® family of companies