



Voluntary Life and AD&D

For Jefferson County School District

How the Plan Works

Life is full of many twists and turns. LifeMap Voluntary Life and AD&D coverage protects your family's future, no matter what life may throw your way.

- Eligibility Requirement**
 If you are a full-time active employee working a minimum of 20 hours per week, you will be eligible for these benefits.
- Who pays for the coverage?**
 Voluntary Life and AD&D Insurance premiums are paid by you, the employee, through payroll deduction.
- Dependent Eligibility Requirement**
 Dependents must be a Legal Spouse and/or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- Guarantee Issue**
 Enroll within 31 days of your initial eligibility date and with no questions asked, you will be covered for up to \$100,000 in Life and AD&D Insurance. With a few extra steps of completing our Evidence of Insurability requirements, you may be covered for up to \$500,000!

LifeMapCo.com
1 (800) 794-5390

Benefits Summary

Plan Benefits

Employee Life and AD&D Insurance	\$5,000 increments from \$20,000 to a maximum of \$500,000 or 5 times your annual earnings, whichever is less
Spouse Life and AD&D Insurance	\$5,000 increments to a maximum of \$250,000, not to exceed 50% of Employee's elected amount.
Child(ren) Life and AD&D Insurance	\$5,000 or \$10,000 (employee or spouse must elect coverage for themselves to elect Child(ren) coverage)

Guarantee Issue Amount

Employee	\$100,000
Child(ren)	\$10,000

Plan Features

Accelerated Benefit	A covered employee or spouse who is diagnosed as terminally ill may receive a portion of the life insurance benefit before death. Remaining benefits are reserved for the member's beneficiary.
Voluntary Life Only - Conversion	Voluntary Life may be converted to an individual policy, without proof of insurability, within 31 days of loss of eligibility.
Voluntary Life Only - Portability	Voluntary Life may be ported without proof of insurability within 31 days of termination. If elected, portability coverage will end the earliest of when you reach age 65 or when this master policy terminates.
Voluntary Life Only - Waiver of Premium	Voluntary Life coverage may be continued without payment of premium if a covered employee or spouse becomes totally disabled (proof of disability required). Coverage may be continued up to age 65.

Reduction Schedule

If you are still working the required number of hours to be eligible for this insurance at age 65, your benefits will reduce to 65% at age 65, to 40% at age 70, and to 25% at age 75.

Accidental Death & Dismemberment

If due to an accident you die, lose a limb, sight of an eye or become paralyzed, benefits are available.

AD&D Benefits Included

- Adaptive Home/Vehicle Benefit
- Rehab Benefit
- Air Bag and Seat Belt
- Spouse and Child Education
- Coma
- Day Care
- Exposure and Disappearance
- Felonious Assault

This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.

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Monthly Rates

Life Rate per \$1,000 of Benefit	
Age	Employee & Spouse
29 and under	\$0.05
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.17
50-54	\$0.26
55-59	\$0.43
60-64	\$0.66
65-69	\$1.27
70 and over	\$2.64
Dependent Child Life Rate per \$1,000 of Benefit	
\$0.12	
regardless of the number of children in the family	
Employee AD&D Rate per \$1,000 of Benefit	
\$0.025	

Limitations & Exclusions

- **Life:** Suicide, intentionally self-inflicted injury; or any attempts to injure oneself are excluded during the first two years of coverage or increase of coverage.
- **AD&D** benefits are not payable for death or dismemberment caused by or as result of:
 - suicide or such attempts;
 - participation in a riot;
 - war or act of war;
 - military service for any country;
 - committing or attempting to commit an assault or felony;
 - sickness, disease or pregnancy or any medical treatment for sickness, disease or pregnancy;
 - heart attack or stroke;
 - bodily infirmity or disease from bacterial or viral infections not the result of an injury; or
 - taking medications, drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed and used/consumed in accordance with the directions of the prescribing physician or administered by a licensed physician.
 - travel, flight in or descent from any aircraft, including balloons and gliders, except as a fare-paying passenger on a regularly scheduled flight;
 - the insured person's intoxication

Monthly Premium Calculation

To calculate your monthly payroll deduction, use the formula below:

$$\begin{array}{c}
 \boxed{} \div \boxed{1,000} \times \boxed{} \\
 \text{Desired Benefit} \qquad \qquad \qquad \text{Rate} \\
 \qquad \qquad \qquad \qquad \qquad \qquad \text{(from table left)} \\
 \\
 \text{Estimated Monthly Payroll Deduction: } \boxed{}
 \end{array}$$

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