

# WAYNE COUNTY COMMUNITY COLLEGE DISTRICT - FACULTY

**3/1/2006**

## Group Voluntary Term Life Insurance

This summary of group voluntary term life insurance from Principal Life Insurance Company supplements any materials presented by your employer. You'll receive a benefit booklet with details about your coverage.

### Information To Know

**Guaranteed Coverage:** The maximum amount of coverage available during your initial enrollment period with no medical information required.

**Participation Requirement:** To implement the program, the greater of 20% or 10 employees must elect coverage.

**Eligibility:** You are eligible if you are an active, full-time employee (except part-time, seasonal, temporary or contract employee) working either 25 HRS/WK OR TEACHING 15 CREDIT HRS PER SEMESTER AS IT PERTAINS TO FT FACULTY. If you purchase coverage, you may also purchase coverage for your eligible dependents. Additional eligibility requirements may apply.

- Spouse, if not hospital or home confined and provided they do not elect coverage as an employee.
- Unmarried, natural, step, foster or legally adopted children from birth through age 18.
- Unmarried, natural, step, foster or legally adopted children at least age 19 but less than 25, receive their principal support from you and who are full-time students or who are Mormon missionaries.
- Step or foster children must receive principal support from you and meet the above requirements (foster children must live with you and be approved by Principal Life).

<b>Your benefits at a glance</b>	
<b>Your Coverage</b>	<p>Available in \$20,000 increments.</p> <p>Minimum: \$20,000 Maximum: \$500,000</p> <p>Guaranteed coverage under age 70: \$240,000</p> <p>Guaranteed coverage age 70 or over: \$10,000</p>
<b>Spouse Coverage</b>	<p>Available in \$5,000 increments.</p> <p>Minimum: \$5,000 Maximum: 100% of employee coverage, not more than \$100,000</p> <p>Guaranteed coverage under age 70: \$30,000</p> <p>Guaranteed coverage age 70 or over: \$10,000</p>
<b>Child Coverage</b>	<p>For eligible children 14 days of age or older, you may elect coverage in the amount of</p> <ul style="list-style-type: none"> <li>• \$5,000, or</li> <li>• \$10,000</li> </ul> <p>For eligible children under 14 days of age, employees who elect child coverage receive \$1,000 of coverage.</p> <p>Child benefits cannot exceed 100% of the employee's coverage.</p>
<b>Portability</b>	<p>You may continue coverage for yourself and your covered dependents until age 75 if you cease to qualify as a member. The employee or spouse must be less than age 75 and enroll within 60 days from the date they cease to qualify as a member.</p>
<b>Age Reductions</b>	<p>35% reduction of coverage at age 70, with an additional 20% reduction at age 75.</p>
<b>Coverage During Disability</b>	<p>If you become totally disabled before age 60, coverage will continue and premium will be waived for you and your covered dependents. You must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until you recover or turn age 70, whichever occurs first. No benefits will be paid for any disability that results from: willful self-injury or self-destruction, while sane or insane / war or act of war / voluntary participation in an assault, felony, criminal activity, insurrection, or riot.</p>
<b>Accelerated Benefit</b>	<p>If you are terminally ill you can receive up to 75%, not to exceed \$250,000, of your life insurance benefit in a lump sum as long as:</p> <ul style="list-style-type: none"> <li>• Your life expectancy is 12 months or less (as diagnosed by a physician).</li> </ul>

	<ul style="list-style-type: none"> <li>Your death benefit is at least \$10,000.</li> </ul> <p>When you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in your premium.</p>
<b>Coverage Outside United States</b>	Coverage continues for up to six months if you or your dependents are outside the United States due to travel, business assignment or while enrolled as a full-time student. Coverage automatically terminates if the insured is outside the United States for any other reason.
<b>Benefit Exclusion</b>	Benefits are not paid for employees and spouses who commit suicide within the first 24 months of coverage (prior group voluntary life insurance applies towards the 24 month time period).

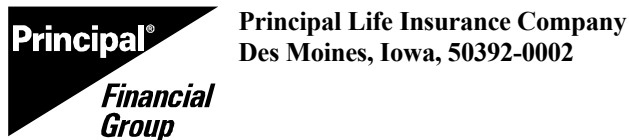
## Termination

Your coverage doesn't terminate as long as you are an active employee paying premiums and your employer continues to sponsor the program. Coverage may be terminated with 31 days notice for a false or fraudulent claim.

## Individual Purchase Rights

In termination situations, you, your spouse and your children may convert coverage to individual life insurance. Upon coverage termination your employer is required to inform you of individual purchase rights. You have 31 days after coverage ends to convert without a health statement. The amount you can purchase varies depending on the termination situation.

Note: The group policy is insured, which means Principal Life assumes the risk for all claims under the policy. Because the material is a summary of your group voluntary term life insurance, it does not state all insurance contract provisions, restrictions of coverage, benefits by conditions or limitations, or provisions required by state or federal law. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group policy determines all rights, benefits, exclusions and limitations of the insurance described here.



## Group Voluntary Term Life Insurance

Age	Employee	Spouse
	Semi-Monthly Rates per \$20,000 of coverage	Semi-Monthly Rates per \$5,000 of coverage
<b>29 &amp; under</b>	\$0.59	\$0.148
<b>30-34</b>	\$0.73	\$0.182
<b>35-39</b>	\$1.06	\$0.265
<b>40-44</b>	\$1.55	\$0.388
<b>45-49</b>	\$2.46	\$0.615
<b>50-54</b>	\$3.97	\$0.992
<b>55-59</b>	\$6.68	\$1.67
<b>60-64</b>	\$10.38	\$2.595
<b>65-69</b>	\$19.23	\$4.808
<b>70 &amp; over</b>	\$38.47	\$9.618

### Child

Coverage	Semi-Monthly Premium per Family
\$5000.00	\$0.50
\$10000.00	\$1.00

### Calculating Your Premium

	Coverage	÷	Increment	=	Units	x	Rate	=	Semi-Monthly Premium
<b>Employee</b>	\$	÷	\$20,000	=		x	\$	=	\$
<b>Spouse</b>	\$	÷	\$5,000	=		x	\$	=	\$
<b>Child</b>								=	\$
								<b>Total Semi-Monthly Premium</b>	\$

Actual payroll deduction amount may be slightly different due to rounding.

The employee and spouse are charged separately based upon their individual ages.

Your group's rates are guaranteed for 2 years. Your rate or your spouse's rate may change because of moving to a different age category.