

Enrollment at a Glance

A Guide to Your Plan Basics

City of San Marcos

**Take advantage of insurance offered at your workplace.
It's convenient and affordable.**

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by City of San Marcos can be an important part of your financial security.

City of San Marcos provides you with Basic Life Insurance coverage and Accidental Death and Dismemberment Insurance in the amount of \$25,000. Eligible employees may apply for more coverage in the Supplemental Group Term Life Insurance program.

Your Life Insurance Benefit Includes	
Convenient Payroll Deductions	<i>(Applicable for Supplemental Life Only)</i> Since deductions are taken directly from your paycheck, you never have to worry about late payments or lapse notices.
“Take it With You”	<i>(Applicable for Supplemental Life Only)</i> The portability option allows for continued coverage that can help protect your family even when your current employment ends.
Waiver of Premium	<i>(Applicable for Basic Life and Supplemental Life)</i> If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.
Accelerated Benefit	<i>(Applicable for Basic Life and Supplemental Life)</i> You may collect a portion of your death benefit (typically 50%) while you are living, if you are diagnosed with a terminal condition with a limited life expectancy under twelve months (may vary by state).

Refer to the information on the following pages to learn more about Supplemental Group Term Life Insurance options and determine your coverage cost.

Supplemental Term Life Insurance Coverage Options

	For You	For Your Spouse	For Your Child(ren)
Eligibility	All active employees working 20+ hours per week.	Coverage is available only if Employee Supplemental Life Insurance is elected.	Coverage is available only if Employee Supplemental Life Insurance is elected.
Coverage Options	\$10,000 to \$300,000 in \$10,000 increments. The amount chosen cannot exceed 5 times your basic yearly earnings.	\$5,000 to \$150,000 in \$5,000 increments. Dependent Spouse coverage is limited to 50% of the total amount of employee Supplemental Life coverage	\$1,000, \$5,000, or \$10,000 on your children age 6 months but less than 21 years, and full-time students less than 25 years. Children from birth but less than 6 months are covered for \$500.
Guaranteed Issue Offer*	New Hire – You can elect up to \$150,000 of coverage without providing proof of good health during the initial eligibility period.	New Hire – You can elect up to \$25,000 of coverage without providing proof of good health on your spouse during the initial eligibility period.	New Hire – You can elect up to \$10,000 of coverage without providing proof of good health on your children during the initial eligibility period.
	Current Coverage Holder – <i>At each annual enrollment:</i> If you have current Supplemental Life coverage you can elect to increase Supplemental Life coverage by one plan increment of \$10,000 without evidence of insurability, when new coverage combined with existing coverage does not exceed the Guaranteed Issue Limit of \$150,000.	Current Coverage Holder – <i>At each annual enrollment:</i> If you have current Dependent Spouse Supplemental Life coverage you can elect to increase Dependent Spouse Life coverage by one plan increment of \$5,000 without evidence of insurability, when new coverage combined with existing coverage does not exceed the Guaranteed Issue Limit of \$25,000.	Not applicable.
Supplemental Accidental Death & Dismemberment Insurance	Coverage is available in an amount equal to elected Employee Supplemental Life Insurance.	Not applicable.	Not applicable.
Age Reduction(s)	Benefit amounts reduce to 67% of original coverage at age 70 and to 67% of the reduced coverage amount at age 75.	Benefit amounts reduce to 67% of original coverage at employee age 70 and to 67% of the reduced coverage amount at employee age 75.	Not applicable.

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

Accidental Death & Dismemberment coverage has exclusions that are described in the certificate of coverage.

*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, you elect coverage outside of the annual enrollment period, or you submit an application for coverage more than 31 days after the date you become eligible. Subject to approval by the insurance company.

Insurance Rate Information and Premium Calculator

The cost is calculated based on the age of the employee or spouse at the start of the plan's current policy year. The rates shown are guaranteed through 03/31/2015

Employee and Spouse Supplemental Life Insurance Rates	
Age	Monthly Cost per \$1,000 of Coverage
Under 30	\$0.050
30-34	\$0.060
35-39	\$0.070
40-44	\$0.120
45-49	\$0.180
50-54	\$0.330
55-59	\$0.530
60-64	\$0.840
65-69	\$1.320
70 +	\$1.650

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates	
Coverage type	Monthly Cost per \$1,000 of Coverage
Employee Supplemental AD&D	\$0.035

Dependent Children Life Insurance Rates	
Coverage Levels	Monthly Cost
\$1,000 each child	\$0.150
\$5,000 each child	\$0.750
\$10,000 each child	\$1.500

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

Supplemental Life Insurance	For You	For Your Spouse	For Your Children
Step 1: Select the amount of insurance you want	\$	\$	\$
Step 2: Divide this number by \$1,000	\$	\$	N/A
Step 3: Enter the rate from the table(s) above	\$	\$	(C)
Step 4: Multiply Step #2 by Step #3	(A)	(B)	N/A
Step 5: Add (A), (B), and (C) for the Total Monthly Premium	\$	\$	\$

Supplemental AD&D Insurance	For You	For Your Spouse	For Your Children
Step 6: Select the amount of insurance you want	\$	N/A	N/A
Step 7: Divide this number by \$1,000	\$	N/A	N/A
Step 8: Enter the rate from the table(s) above	\$	N/A	N/A
Step 9: Multiply Step #7 by Step #8	(A)	N/A	N/A
Step 10: Add (A), (B), and (C) for the Total Monthly Premium	\$	N/A	N/A

Total Monthly Premium - Add Step 5 and Step 10	\$
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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 coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the Voya Financial™ family of companies. Policy form LP00GP (may vary by state).

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