



Voluntary Term Life Insurance and AD&D Coverage Highlights

Class 2 – All Active Employees

Los Rios Community College District Policy # 800795-002

Please read carefully the following description of your Unum Voluntary Term Life and AD&D insurance plan.

Your Plan

Eligibility

All Full Time Employees in active employment who are on regular assignment of 50% or more in the United States with the Employer excluding adjunct faculty and board members.

Coverage Amounts

Your Voluntary Term Life and Accidental Death & Dismemberment (AD&D) coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.
Not to exceed \$750,000.

Spouse/
Domestic Partner: Up to 100% of employee amount in increments of \$5,000.
Maximum is the lesser of 100% of the Employee Life/AD&D amount or \$150,000. Benefits will be paid to the employee.

Child: The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000 and 6 months to 26 years is \$10,000.
Maximum is the lesser of 100% of the Employee Life/AD&D amount or \$10,000. Benefits will be paid to the employee.

In order to purchase Life/AD&D coverage for your spouse/domestic partner and/or child, you must purchase Life/AD&D coverage for yourself.

Your AD&D coverage benefit will match what amount of Life coverage you elect.
AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- Life
- Both hands or both feet or sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- One foot and the sight of one eye
- Speech and hearing
- Quadriplegia

Other losses may be covered as well. Please see your Plan Administrator.

Coverage amount(s) will reduce according to the following schedule:

Age:	Insurance Amount Reduces by:
70	35% of original amount
75	50% of original amount

Coverage may not be increased after a reduction.

Voluntary Term Life Insurance and AD&D Coverage Highlights (Continued)

Guarantee Issue

Employees hired on or after the effective date: If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to \$250,000 for yourself, any amount of coverage up to \$30,000 for your spouse/domestic partner and \$10,000 for your eligible child(ren) without furnishing medical questions. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible spouse/domestic partner do not enroll within 31 days of your eligibility date, you can apply for coverage at the next annual open enrollment and will be required to furnish evidence of insurability for the entire amount of coverage. If you do not apply for child(ren) coverage when you are first eligible then you must wait until annual enrollment to enroll and will be able to enroll without medical questions.

AD&D coverage does not require evidence of insurability.

Please see your Plan Administrator for your eligibility date.

Voluntary Term Life and AD&D Coverage Rates

Age Band	Employee per \$10,000		Spouse or Domestic Partner per \$5,000 *SEE BELOW*		Child(ren) Monthly Rate:
	Monthly Rate	Tenthly Rate	Monthly Rate	Tenthly Rate	
Less than 25	\$.620	\$.744	\$.310	\$.372	\$1.10/month regardless of the number of children covered
25-29	\$.620	\$.744	\$.310	\$.372	
30-34	\$.600	\$.720	\$.300	\$.360	
35-39	\$.690	\$.828	\$.345	\$.414	
40-44	\$.940	\$1.128	\$.470	\$.564	Tenthly Rate:
45-49	\$1.320	\$1.584	\$.660	\$.792	
50-54	\$2.010	\$2.412	\$1.005	\$1.206	\$1.32/month regardless of the number of children covered
55-59	\$3.190	\$3.828	\$1.595	\$1.914	
60-64	\$5.130	\$6.156	\$2.565	\$3.078	
65-69	\$6.410	\$7.692	\$3.205	\$3.846	
70-74	\$10.070	\$12.084	\$5.035	\$6.042	
75-79	\$17.490	\$20.988	\$8.745	\$10.494	
80+	\$30.940	\$37.128	\$15.470	\$18.564	

*** Use employee's age bracket to calculate the spouse or domestic partner's rate per \$5,000 - even if age is different**

NOTE: Your rate will increase as you age and move to the next age band.

Insurance Age

Your rate is based on your actual age as of your last birthday. Your spouse/domestic partner's age is also based on your age as of your last birthday. Your insurance age will change at the plan anniversary (which is 7/1). Rates will change at plan anniversary if you move to a new age band.

Additional Benefits

Life Planning Financial & Legal Resources

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse/domestic partner. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

Voluntary Term Life Insurance and AD&D Coverage Highlights (Continued)

<i>Portability/Conversion</i>	If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may also have the option to convert your Term life coverage to an individual life insurance policy.
<i>Accelerated Benefit</i>	If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 100% of your life insurance amount up to \$250,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.
<i>Waiver of Premium</i>	If you become disabled (as defined by your plan) and are no longer able to work, your premium payments may be waived during the period of disability.
<i>Retained Asset Account</i>	Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.
<u><i>Limitations/Exclusions/ Termination of Coverage</i></u>	
<i>Suicide Exclusion</i>	<p>Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage.</p> <p>No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.</p>
<i>AD&D Benefit Exclusions</i>	<p>AD&D benefits will not be paid for losses caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none">• Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;• Suicide, self-destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while insane;• War, declared or undeclared, or any act of war;• Active participation in a riot;• Attempt to commit or commission of a crime;• The voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol;• Intoxication. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.)
<i>Termination of Coverage</i>	<p>Your coverage and your dependents' coverage under the Summary of Benefits ends on the earliest of:</p> <ul style="list-style-type: none">• The date the policy or plan is cancelled;• The date you no longer are in an eligible group;• The date your eligible group is no longer covered;

Voluntary Term Life Insurance and AD&D Coverage Highlights (Continued)

- The last day of the period for which you made any required contributions;
- The last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage;
- For dependent's coverage, the date of your death.

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends;
- The date your dependent ceases to be an eligible dependent;
- For a spouse/domestic partner, the date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while you and your dependents are covered under the policy or plan.

Next Steps

How to Apply

Current employees: To apply for coverage, complete your enrollment form and return to your Plan Administrator.

For employees hired on or after the effective date: To apply for coverage, complete your enrollment form within 31 days of your eligibility date.

All employees: If you apply for coverage after your effective date, or if you choose coverage over the guarantee issue amount during this initial enrollment, you will need to complete a medical questionnaire which you can get from your Plan Administrator. You may also be required to take certain medical tests at Unum's expense.

Effective Date of Coverage

Your coverage will become effective on effective date. For employees who become eligible after this date, please see your Plan Administrator for your effective date.

Delayed Effective Date of Coverage

Employee delayed effective date: If you are absent from work due to injury, sickness, temporary layoff or leave of absence on the date your coverage would normally begin or increase, your coverage/dependent coverage will begin or increase on the date you return to active employment.

Spouse/domestic partner/child(ren) delayed effective date: If your eligible dependent is **totally disabled (see below)**, your dependent's coverage will begin on the date your eligible dependent no longer is **totally disabled**. This provision does not apply to a newborn child while dependent insurance is in effect.

Totally disabled means that, as a result of an injury, a sickness or a disorder:

- Your dependent spouse/domestic partner: is confined in a hospital or similar institution; is **cognitively impaired**; or: is confined at home under the care of a physician for a sickness or injury; or
- Your dependent children: are confined in a hospital or similar institution; or are confined at home under the care of a physician for a sickness or injury.

Cognitively impaired means a person has a deterioration or loss in intellectual capacity resulting from injury, sickness, advanced age, Alzheimer's disease or similar forms of irreversible dementia and needs another person's assistance or verbal cueing for his or her own protection or for the protection of others.

Handicapped Children

Employees who have a handicapped child at the time they apply for coverage should complete the request for Continuation of Group Life Insurance coverage form for Incapacitated Children and submit to UNUM.

Voluntary Term Life Insurance and AD&D Coverage Highlights (Continued)

Will coverage continue for a handicapped child insured under the plan who is age 26 or over?

Coverage will continue for a child age 26 or over who is handicapped, provided: the child is currently insured under the plan; and you are the main source of support and maintenance. Unum must receive proof within 31 days of the date the child attains 26 and as required during the first two years. After the first two years, Unum will ask for proof when needed, but not more than once a year.

Handicapped means permanently and continuously incapable of self sustaining support by reason of mental or physical incapacity.

Changes to Coverage

Each year you and your spouse/domestic partner will be given the opportunity to change your Life/AD&D coverage:

- At the annual open enrollment, if you are currently enrolled in coverage, you will be eligible to increase your coverage by \$10,000 without answering medical questions. Any total amount of coverage above \$250,000 will require medical underwriting.
- If your spouse/domestic partner is currently enrolled in coverage, their coverage may be increased at annual open enrollment by \$5,000 without answering medical questions. Any total amount of coverage above \$30,000 will require medical underwriting.

The suicide exclusion will apply to any increase in coverage.

AD&D coverage does not require evidence of insurability for increased amounts.

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Life Planning is provided by Ceridian Incorporated. The services are subject to availability and may be withdrawn by Unum without prior notice.

Underwritten by: **Unum Life Insurance Company of America**, 2211 Congress Street, Portland, Maine 04122, www.unum.com
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Voluntary Life and Accidental Death and Dismemberment Insurance Enrollment Form

Underwritten by:
Unum Life Insurance
Company of America
2211 Congress Street,
Portland, Maine 04122

Los Rios Community College District
Policy number 800795
Classes 1, 2, and 4 (Monthly Benefit Deductions)

Employee Information

Name: _____ Employee ID #: _____
 Date of Birth: _____ Social Security #: _____
 Sex: Male _____ Female _____ Annual Salary: _____
 FTE: _____ Date of Hire: _____

Spouse/Domestic Partner Information (only necessary if electing spouse/domestic partner coverage)

Name: _____ Social Security #: _____
 Date of Birth: _____

Please **CIRCLE** Life/AD&D coverage amount elected for: **EMPLOYEE¹**

Please note: Employees can elect to max of 5x their salary. If you wish to elect an amount other than what is listed below, please use the worksheet on the back page to indicate election and calculate premium using increments of \$10,000.

The monthly premium amount corresponds to your age as of your last birthday.

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74†	75-79†	80+†
\$10,000		\$0.620	\$0.620	\$0.600	\$0.690	\$0.940	\$1.320	\$2.010	\$3.190	\$5.130	\$6.410	\$10.070	\$17.490	\$30.940
\$20,000		\$1.240	\$1.240	\$1.200	\$1.380	\$1.880	\$2.640	\$4.020	\$6.380	\$10.260	\$12.820	\$20.140	\$34.980	\$61.880
\$30,000		\$1.860	\$1.860	\$1.800	\$2.070	\$2.820	\$3.960	\$6.030	\$9.570	\$15.390	\$19.230	\$30.210	\$52.470	\$92.820
\$40,000		\$2.480	\$2.480	\$2.400	\$2.760	\$3.760	\$5.280	\$8.040	\$12.760	\$20.520	\$25.640	\$40.280	\$69.960	\$123.760
\$50,000		\$3.100	\$3.100	\$3.000	\$3.450	\$4.700	\$6.600	\$10.050	\$15.950	\$25.650	\$32.050	\$50.350	\$87.450	\$154.700
\$100,000		\$6.200	\$6.200	\$6.000	\$6.900	\$9.400	\$13.200	\$20.100	\$31.900	\$51.300	\$64.100	\$100.700	\$174.900	\$309.400
\$150,000		\$9.300	\$9.300	\$9.000	\$10.350	\$14.100	\$19.800	\$30.150	\$47.850	\$76.950	\$96.150	\$151.050	\$262.350	\$464.100
\$200,000		\$12.400	\$12.400	\$12.000	\$13.800	\$18.800	\$26.400	\$40.200	\$63.800	\$102.600	\$128.200	\$201.400	\$349.800	\$618.800
\$250,000		\$15.500	\$15.500	\$15.000	\$17.250	\$23.500	\$33.000	\$50.250	\$79.750	\$128.250	\$160.250	\$251.750	\$437.250	\$773.500
\$300,000*		\$18.600	\$18.600	\$18.000	\$20.700	\$28.200	\$39.600	\$60.300	\$95.700	\$153.900	\$192.300	\$302.100	\$524.700	\$928.200
\$350,000*		\$21.700	\$21.700	\$21.000	\$24.150	\$32.900	\$46.200	\$70.350	\$111.650	\$179.550	\$224.350	\$352.450	\$612.150	\$1,082.900
\$400,000*		\$24.800	\$24.800	\$24.000	\$27.600	\$37.600	\$52.800	\$80.400	\$127.600	\$205.200	\$256.400	\$402.800	\$699.600	\$1,237.600
\$500,000*		\$31.000	\$31.000	\$30.000	\$34.500	\$47.000	\$66.000	\$100.500	\$159.500	\$256.500	\$320.500	\$503.500	\$874.500	\$1,547.000
\$600,000*		\$37.200	\$37.200	\$36.000	\$41.400	\$56.400	\$79.200	\$120.600	\$191.400	\$307.800	\$384.600	\$604.200	\$1,049.400	\$1,856.400
\$700,000*		\$43.400	\$43.400	\$42.000	\$48.300	\$65.800	\$92.400	\$140.700	\$223.300	\$359.100	\$448.700	\$704.900	\$1,224.300	\$2,165.800
\$750,000*		\$46.500	\$46.500	\$45.000	\$51.750	\$70.500	\$99.000	\$150.750	\$239.250	\$384.750	\$480.750	\$755.250	\$1,311.750	\$2,320.500

Please **CIRCLE** Life/AD&D coverage amount elected for: **SPOUSE/DOMESTIC PARTNER²**

Please note: You may elect up to 100% of your elected amount for your spouse/domestic partner (up to \$150,000 max benefit). If you wish to elect a different amount than what is shown below, please use the worksheet on the back page to indicate election and calculate premium using increments of \$5,000. The monthly premium amount corresponds to your age as of your last birthday.

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74†	75-79†	80+†
\$5,000		\$0.310	\$0.310	\$0.300	\$0.345	\$0.470	\$0.660	\$1.005	\$1.595	\$2.565	\$3.205	\$5.035	\$8.745	\$15.470
\$10,000		\$0.620	\$0.620	\$0.600	\$0.690	\$0.940	\$1.320	\$2.010	\$3.190	\$5.130	\$6.410	\$10.070	\$17.490	\$30.940
\$20,000		\$1.240	\$1.240	\$1.200	\$1.380	\$1.880	\$2.640	\$4.020	\$6.380	\$10.260	\$12.820	\$20.140	\$34.980	\$61.880
\$25,000		\$1.550	\$1.550	\$1.500	\$1.725	\$2.350	\$3.300	\$5.025	\$7.975	\$12.825	\$16.025	\$25.175	\$43.725	\$77.350
\$30,000		\$1.860	\$1.860	\$1.800	\$2.070	\$2.820	\$3.960	\$6.030	\$9.570	\$15.390	\$19.230	\$30.210	\$52.470	\$92.820
\$35,000*		\$2.170	\$2.170	\$2.100	\$2.415	\$3.290	\$4.620	\$7.035	\$11.165	\$17.955	\$22.435	\$35.245	\$61.215	\$108.290
\$40,000*		\$2.480	\$2.480	\$2.400	\$2.760	\$3.760	\$5.280	\$8.040	\$12.760	\$20.520	\$25.640	\$40.280	\$69.960	\$123.760
\$45,000*		\$2.790	\$2.790	\$2.700	\$3.105	\$4.230	\$5.940	\$9.045	\$14.355	\$23.085	\$28.845	\$45.315	\$78.705	\$139.230
\$50,000*		\$3.100	\$3.100	\$3.000	\$3.450	\$4.700	\$6.600	\$10.050	\$15.950	\$25.650	\$32.050	\$50.350	\$87.450	\$154.700
\$100,000*		\$6.200	\$6.200	\$6.000	\$6.900	\$9.400	\$13.200	\$20.100	\$31.900	\$51.300	\$64.100	\$100.700	\$174.900	\$309.400
\$150,000*		\$9.300	\$9.300	\$9.000	\$10.350	\$14.100	\$19.800	\$30.150	\$47.850	\$76.950	\$96.150	\$151.050	\$262.350	\$464.100

* REQUIRES MEDICAL EVIDENCE OF INSURABILITY. *(PLEASE COMPLETE EVIDENCE OF INSURABILITY FORM)

† – Benefit amount is subject to age reductions

Please **CIRCLE** Life/AD&D coverage amount elected for: **CHILD(REN)²**

You may elect up to 100% of the Employee elected amount to a maximum of \$10,000

Child(ren) Age	Benefit Amount	Cost	Note: The amount you select will cover ALL eligible children. Please note the benefit amount for Child(ren) under 6 months is \$1,000
6 Months – Age 26	\$10,000	\$1.10	

Voluntary Life and Accidental Death and Dismemberment Insurance Enrollment Form
Los Rios Community College District **Policy number 800795** **(Monthly Benefit Deductions)**

Life Election & Calculation Worksheet

If you wish to elect a different amount than what is shown on the charts above, use the worksheet below to indicate election and calculate the monthly premium.

Coverage Amount	Increment	Rate (calculate using rate from highlighted row on front page)	Monthly Cost
Employee \$ _____	÷ \$10,000 x	\$ _____ =	\$ _____
Spouse/DP \$ _____	÷ \$ 5,000 x	\$ _____ =	\$ _____

Insurance Age

Your rate is based on your actual age as of your last birthday. Your spouse/domestic partner's age is also based on your age as of your last birthday. Rates will increase as you age and move to the next age band.

BENEFICIARY INFORMATION - Designate your beneficiary(ies) below.

Name	Relation to You	Social Security #	Date of Birth	Benefit
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

If the beneficiary (ies) named above are not living, then pay:

Name	Relation to You	Social Security #	Date of Birth	Benefit
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

CERTIFICATION: I certify that all statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available at my request. I have read and understand the INFORMATION ABOUT DELAYED EFFECTIVE DATES and EXCLUSIONS below and on the highlight sheet provided.

Request for Signature: I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

At this time I choose to decline coverage for myself my spouse/domestic partner my child(ren)

Employee Signature

Date

¹ **EMPLOYEE DELAYED EFFECTIVE DATE:** If you are absent from work due to injury, sickness, temporary layoff or leave of absence on the date your coverage would normally begin or increase, your coverage/dependent coverage will begin or increase on the date you return to active employment.

² **SPOUSE/DOMESTIC PARTNER/CHILD(REN) DELAYED EFFECTIVE DATE:** If your eligible dependent is **totally disabled (see below)**, your dependent's coverage will begin on the date your eligible dependent no longer is **totally disabled**. This provision does not apply to a newborn child while dependent insurance is in effect.

TOTALLY DISABLED means that, as a result of an injury, a sickness or a disorder:

- Your dependent spouse/domestic partner: is confined in a hospital or similar institution; is **cognitively impaired**; or: is confined at home under the care of a physician for a sickness or injury; or
- Your dependent children: are confined in a hospital or similar institution; or are confined at home under the care of a physician for a sickness or injury.

COGNITIVELY IMPAIRED means a person has a deterioration or loss in intellectual capacity resulting from injury, sickness, advanced age, Alzheimer's disease or similar forms of irreversible dementia and needs another person's assistance or verbal cueing for his or her own protection or for the protection of others.

HANDICAPPED CHILDREN

Employees who have a handicapped child at the time they apply for coverage should complete the request for Continuation of Group Life Insurance coverage form for Incapacitated Children and submit to UNUM.

WILL COVERAGE CONTINUE FOR A HANDICAPPED CHILD INSURED UNDER THE PLAN WHO IS AGE 26 OR OVER?

Coverage will continue for a child age 26 or over who is handicapped, provided: the child is currently insured under the plan; and you are the main source of support and maintenance. Unum must receive proof within 31 days of the date the child attains 26 and as required during the first two years. After the first two years, Unum will ask for proof when needed, but not more than once a year.

HANDICAPPED means permanently and continuously incapable of self sustaining support by reason of mental or physical incapacity.

NOTE: Any amount of coverage that needs to be Medically Underwritten will become effective on the date Unum approves your Evidence of Insurability form. If you and your eligible spouse/domestic partner do not enroll within 31 days of your eligibility date, you can apply for coverage anytime and will be required to furnish evidence of insurability for the entire amount of coverage. If you do not apply for child(ren) coverage when you are first eligible then you must wait until annual enrollment to enroll and will be able to enroll without medical questions.





Voluntary Life and Accidental Death and Dismemberment Insurance Enrollment Form

Underwritten by:
Unum Life Insurance
Company of America
2211 Congress Street,
Portland, Maine 04122

Los Rios Community College District
Policy number 800795
Classes 1, 2, and 4 (Tenthly Benefit Deductions)

Employee Information

Name: _____
Date of Birth: _____
Sex: Male _____ Female _____
FTE: _____

Employee ID #: _____
Social Security #: _____
Annual Salary: _____
Date of Hire: _____

Spouse/Domestic Partner Information (only necessary if electing spouse/domestic partner coverage)

Name: _____
Date of Birth: _____

Social Security #: _____

Please **CIRCLE** Life/AD&D coverage amount elected for: **EMPLOYEE¹**

Please note: Employees can elect to max of 5x their salary. If you wish to elect an amount other than what is listed below, please use the worksheet on the back page to indicate election and calculate premium using increments of \$10,000.

The tenthly premium amount corresponds to your age as of your last birthday.

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74 ^t	75-79 ^t	80+ ^t
\$10,000		\$0.744	\$0.744	\$0.720	\$0.828	\$1.128	\$1.584	\$2.412	\$3.828	\$6.156	\$7.692	\$12.084	\$20.988	\$37.128
\$20,000		\$1.488	\$1.488	\$1.440	\$1.656	\$2.256	\$3.168	\$4.824	\$7.656	\$12.312	\$15.384	\$24.168	\$41.976	\$74.256
\$30,000		\$2.232	\$2.232	\$2.160	\$2.484	\$3.384	\$4.752	\$7.236	\$11.484	\$18.468	\$23.076	\$36.252	\$62.964	\$111.384
\$40,000		\$2.976	\$2.976	\$2.880	\$3.312	\$4.512	\$6.336	\$9.648	\$15.312	\$24.624	\$30.768	\$48.336	\$83.952	\$148.512
\$50,000		\$3.720	\$3.720	\$3.600	\$4.140	\$5.640	\$7.920	\$12.060	\$19.140	\$30.780	\$38.460	\$60.420	\$104.940	\$185.640
\$100,000		\$7.440	\$7.440	\$7.200	\$8.280	\$11.280	\$15.840	\$24.120	\$38.280	\$61.560	\$76.920	\$120.840	\$209.880	\$371.280
\$150,000		\$11.160	\$11.160	\$10.800	\$12.420	\$16.920	\$23.760	\$36.180	\$57.420	\$92.340	\$115.380	\$181.260	\$314.820	\$556.920
\$200,000		\$14.880	\$14.880	\$14.400	\$16.560	\$22.560	\$31.680	\$48.240	\$76.560	\$123.120	\$153.840	\$241.680	\$419.760	\$742.560
\$250,000		\$18.600	\$18.600	\$18.000	\$20.700	\$28.200	\$39.600	\$60.300	\$95.700	\$153.900	\$192.300	\$302.100	\$524.700	\$928.200
\$300,000*		\$22.320	\$22.320	\$21.600	\$24.840	\$33.840	\$47.520	\$72.360	\$114.840	\$184.680	\$230.760	\$362.520	\$629.640	\$1,113.840
\$350,000*		\$26.040	\$26.040	\$25.200	\$28.980	\$39.480	\$55.440	\$84.420	\$133.980	\$215.460	\$269.220	\$422.940	\$734.580	\$1,299.480
\$400,000*		\$29.760	\$29.760	\$28.800	\$33.120	\$45.120	\$63.360	\$96.480	\$153.120	\$246.240	\$307.680	\$483.360	\$839.520	\$1,485.120
\$500,000*		\$37.200	\$37.200	\$36.000	\$41.400	\$56.400	\$79.200	\$120.600	\$191.400	\$307.800	\$384.600	\$604.200	\$1,049.400	\$1,856.400
\$600,000*		\$44.640	\$44.640	\$43.200	\$49.680	\$67.680	\$95.040	\$144.720	\$229.680	\$369.360	\$461.520	\$725.040	\$1,259.280	\$2,227.680
\$700,000*		\$52.080	\$52.080	\$50.400	\$57.960	\$78.960	\$110.880	\$168.840	\$267.960	\$430.920	\$538.440	\$845.880	\$1,469.160	\$2,598.960
\$750,000*		\$55.800	\$55.800	\$54.000	\$62.100	\$84.600	\$118.800	\$180.900	\$287.100	\$461.700	\$576.900	\$906.300	\$1,574.100	\$2,784.600

Please **CIRCLE** Life/AD&D coverage amount elected for: **SPOUSE/DOMESTIC PARTNER²**

Please note: You may elect up to 100% of your elected amount for your spouse/domestic partner (up to \$150,000 max benefit). If you wish to elect a different amount than what is shown below, please use the worksheet on the back page to indicate election and calculate premium using increments of \$5,000. The tenthly premium amount corresponds to your age as of your last birthday.

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74 ^t	75-79 ^t	80+ ^t
\$5,000		\$0.372	\$0.372	\$0.360	\$0.414	\$0.564	\$0.792	\$1.206	\$1.914	\$3.078	\$3.846	\$6.042	\$10.494	\$18.564
\$10,000		\$0.744	\$0.744	\$0.720	\$0.828	\$1.128	\$1.584	\$2.412	\$3.828	\$6.156	\$7.692	\$12.084	\$20.988	\$37.128
\$20,000		\$1.488	\$1.488	\$1.440	\$1.656	\$2.256	\$3.168	\$4.824	\$7.656	\$12.312	\$15.384	\$24.168	\$41.976	\$74.256
\$25,000		\$1.860	\$1.860	\$1.800	\$2.070	\$2.820	\$3.960	\$6.030	\$9.570	\$15.390	\$19.230	\$30.210	\$52.470	\$92.820
\$30,000		\$2.232	\$2.232	\$2.160	\$2.484	\$3.384	\$4.752	\$7.236	\$11.484	\$18.468	\$23.076	\$36.252	\$62.964	\$111.384
\$35,000*		\$2.604	\$2.604	\$2.520	\$2.898	\$3.948	\$5.544	\$8.442	\$13.398	\$21.546	\$26.922	\$42.294	\$73.458	\$129.948
\$40,000*		\$2.976	\$2.976	\$2.880	\$3.312	\$4.512	\$6.336	\$9.648	\$15.312	\$24.624	\$30.768	\$48.336	\$83.952	\$148.512
\$45,000*		\$3.348	\$3.348	\$3.240	\$3.726	\$5.076	\$7.128	\$10.854	\$17.226	\$27.702	\$34.614	\$54.378	\$94.446	\$167.076
\$50,000*		\$3.720	\$3.720	\$3.600	\$4.140	\$5.640	\$7.920	\$12.060	\$19.140	\$30.780	\$38.460	\$60.420	\$104.940	\$185.640
\$100,000*		\$7.440	\$7.440	\$7.200	\$8.280	\$11.280	\$15.840	\$24.120	\$38.280	\$61.560	\$76.920	\$120.840	\$209.880	\$371.280
\$150,000*		\$11.160	\$11.160	\$10.800	\$12.420	\$16.920	\$23.760	\$36.180	\$57.420	\$92.340	\$115.380	\$181.260	\$314.820	\$556.920

* REQUIRES MEDICAL EVIDENCE OF INSURABILITY. *(PLEASE COMPLETE EVIDENCE OF INSURABILITY FORM)

^t – Benefit amount is subject to age reductions

Please **CIRCLE** Life/AD&D coverage amount elected for: **CHILD(REN)²**

You may elect up to 100% of the Employee elected amount to a maximum of \$10,000

Child(ren) Age	Benefit Amount	Tenthly Cost	Note: The amount you select will cover ALL eligible children. Please note the benefit amount for Child(ren) under 6 months is \$1,000
6 Months – Age 26	\$10,000	\$1.32	

Voluntary Life and Accidental Death and Dismemberment Insurance Enrollment Form
Los Rios Community College District *Policy number 800795* *(Tenthly Benefit Deductions)*

Life Election & Calculation Worksheet

If you wish to elect a different amount than what is shown on the charts above, use the worksheet below to indicate election and calculate the tenthly premium.

Coverage Amount	Increment	Rate (calculate using rate from highlighted row on front page)	Tenthly Cost
Employee	\$ _____ ÷ \$10,000 x	\$ _____ =	\$ _____
Spouse/DP	\$ _____ ÷ \$ 5,000 x	\$ _____ =	\$ _____

Insurance Age

Your rate is based on your actual age as of your last birthday. Your spouse/domestic partner's age is also based on your age as of your last birthday. Rates will increase as you age and move to the next age band.

BENEFICIARY INFORMATION - Designate your beneficiary(ies) below.

Name	Relation to You	Social Security #	Date of Birth	Benefit
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

If the beneficiary (ies) named above are not living, then pay:

Name	Relation to You	Social Security #	Date of Birth	Benefit
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

CERTIFICATION: I certify that all statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available at my request. I have read and understand the INFORMATION ABOUT DELAYED EFFECTIVE DATES and EXCLUSIONS below and on the highlight sheet provided.

Request for Signature: I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

At this time I choose to decline coverage for myself my spouse/domestic partner my child(ren)

Employee Signature

Date

¹ **EMPLOYEE DELAYED EFFECTIVE DATE:** If you are absent from work due to injury, sickness, temporary layoff or leave of absence on the date your coverage would normally begin or increase, your coverage/dependent coverage will begin or increase on the date you return to active employment.

² **SPOUSE/DOMESTIC PARTNER/CHILD(REN) DELAYED EFFECTIVE DATE:** If your eligible dependent is **totally disabled (see below)**, your dependent's coverage will begin on the date your eligible dependent no longer is **totally disabled**. This provision does not apply to a newborn child while dependent insurance is in effect.

TOTALLY DISABLED means that, as a result of an injury, a sickness or a disorder:

- Your dependent spouse/domestic partner: is confined in a hospital or similar institution; is **cognitively impaired**; or: is confined at home under the care of a physician for a sickness or injury; or
- Your dependent children: are confined in a hospital or similar institution; or are confined at home under the care of a physician for a sickness or injury.

COGNITIVELY IMPAIRED means a person has a deterioration or loss in intellectual capacity resulting from injury, sickness, advanced age, Alzheimer's disease or similar forms of irreversible dementia and needs another person's assistance or verbal cueing for his or her own protection or for the protection of others.

HANDICAPPED CHILDREN

Employees who have a handicapped child at the time they apply for coverage should complete the request for Continuation of Group Life Insurance coverage form for Incapacitated Children and submit to UNUM.

WILL COVERAGE CONTINUE FOR A HANDICAPPED CHILD INSURED UNDER THE PLAN WHO IS AGE 26 OR OVER?

Coverage will continue for a child age 26 or over who is handicapped, provided: the child is currently insured under the plan; and you are the main source of support and maintenance. Unum must receive proof within 31 days of the date the child attains 26 and as required during the first two years. After the first two years, Unum will ask for proof when needed, but not more than once a year.

HANDICAPPED means permanently and continuously incapable of self sustaining support by reason of mental or physical incapacity.

NOTE: Any amount of coverage that needs to be Medically Underwritten will become effective on the date Unum approves your Evidence of Insurability form. If you and your eligible spouse/domestic partner do not enroll within 31 days of your eligibility date, you can apply for coverage anytime and will be required to furnish evidence of insurability for the entire amount of coverage. If you do not apply for child(ren) coverage when you are first eligible then you must wait until annual enrollment to enroll and will be able to enroll without medical questions.

