



Semi-Monthly for Indian River County Government

Life and Accidental Death & Dismemberment (AD&D) Insurance

Standard Insurance Company has developed this document to provide you with information about the Life insurance coverage available to you through Indian River County Government. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

Plan Effective Date

The *group policy* effective date is November 1, 2008.

Eligibility

To be eligible for this plan:

- You must be insured for Basic Life to obtain Additional Life Coverage
- You must be an active employee of Indian River County Government, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- You must be regularly working at least 30 hours each week
- For Dependents Life insurance - Your *spouse* or *children* must not be full-time members of the armed forces

Basic Life Coverage Amount

Indian River County Government will provide Basic Life with AD&D coverage from The Standard for an amount equal to 1 times your *annual earnings* to a maximum of \$200,000 at no cost to you. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount.

Employee Coverage Amount

You may elect Additional Life coverage in units of \$10,000 up to a maximum of \$500,000, but not to exceed 5 times your *annual earnings*.

If you wish to become insured for an amount of Additional Life in excess of \$150,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Additional Accidental Death and Dismemberment insurance from Standard Insurance Company is also included in this plan.

Dependents Life insurance from Standard Insurance Company is also included in this plan. However, you must elect Additional Life insurance for yourself in order to elect Dependents Life insurance.

Spouse Coverage Amount

You may elect Dependents Life coverage for your *spouse* in units of \$5,000 up to a maximum of \$250,000. This amount may not exceed 50 percent of your Additional Life coverage.

If you wish to become insured for Dependents Life for your *spouse* in excess of \$20,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Accidental Death and Dismemberment insurance from Standard Insurance Company is also included in this plan.

Coverage Amount for Children

You may elect \$10,000 of Dependents Life insurance for your eligible *children*. This amount may not exceed 50 percent of your Additional Life coverage. All late applications will be subject to medical underwriting approval.

Accidental Death and Dismemberment insurance from Standard Insurance Company is also included in this plan.

Employee Rates (Effective October 1, 2011)

If you elect Additional Life with AD&D insurance under this plan, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of last October 1)	Rate* (Per \$1000 of Total Coverage)
<25	\$0.06
25-29	\$0.07
30-34	\$0.08
35-39	\$0.11
40-44	\$0.16
45-49	\$0.26
50-54	\$0.41
55-59	\$0.71
60-64	\$0.76
65-69	\$1.30
70-75	\$2.30
75+	\$8.73

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____
5. To calculate your semi-monthly premium, multiple Line 4 by 12 and divide by 24.** Line 5: _____

* Monthly AD&D rate of \$0.03 per \$1,000 of AD&D benefit has been included in each of the above rates.

** See page 6 for more information pertaining to premium calculation.

Spouse Rates (Effective October 1, 2011)

If you elect Dependents Life with AD&D insurance for your *spouse* under this plan, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of last October 1)	Rate* (Per \$1000 of Total Coverage)
<25	\$0.06
25-29	\$0.07
30-34	\$0.08
35-39	\$0.11
40-44	\$0.16
45-49	\$0.26
50-54	\$0.41
55-59	\$0.71
60-64	\$0.76
65-69	\$1.30
70-75	\$2.30
75+	\$8.73

To calculate the premium for your *spouse*:

1. Amount Elected: Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____
5. To calculate your semi-monthly premium, multiple Line 4 by 12 and divide by 24.** Line 5: _____

* Monthly AD&D rate of \$0.03 per \$1,000 of AD&D benefit has been included in each of the above rates.

** See page 7 for more information pertaining to premium calculation.

Child(ren) Rates (Effective October 1, 2011)

If you elect Dependents Life with AD&D insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.60*; regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck.

* **Monthly AD&D rate of \$0.03 of AD&D benefit has been included in the above rate.**

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement – for Late Entrants, Reinstatements, and Amounts over the Guarantee Issue Level
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of *active work* as an eligible employee.

Age Reductions

Under this plan, coverage reduces by 50 percent at age 70. If you, or your *spouse*, are age 70 or over, ask your human resources representative for the amount of coverage available.

Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted *injury*. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become *totally disabled* while insured under the *group policy*
- Are under the age of 65
- Complete the *waiting period* of 180 days
- Give us satisfactory *proof of loss*
- *Waiver of Premium* does not apply to AD&D insurance.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the *group policy*
- The date Indian River County Government's coverage under the *group policy* for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the *dependent* ceases to be an eligible *dependent*
- For your *spouse* the date of your divorce or legal separation
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given

Accidental Death and Dismemberment (AD&D) Insurance**For Plan 1 Employee Additional Life and Spouse Dependents Life Enrollees**

With Additional AD&D insurance from Standard Insurance Company, you or your beneficiaries may be eligible to receive an additional amount in the event of death or dismemberment as a result of an accident.

AD&D Insurance Coverage Amount

The amount of this *AD&D Insurance Benefit* for *loss* of life is equal to the amount payable for Additional Life insurance coverage on the date of the accident.

The amount of this *AD&D Insurance Benefit* for other covered *losses* is a percentage of the amount payable for Additional AD&D insurance coverage on the date of the accident, as shown in the following table:

<u>Loss:</u>	<u>Percentage Payable:</u>
One hand or one foot	50%
Sight in one eye	50%
Two or more of the <i>losses</i> listed above	100%

Additional Features

Following are brief descriptions of features included in this plan. These features offer additional benefits when an *AD&D Insurance Benefit* is payable.

Seat Belt Benefit	This provision provides an additional benefit in the event of a covered <i>automobile</i> accident.
Air Bag Benefit	This provision provides an additional benefit in the event of a covered <i>automobile</i> accident for which a <i>Seat Belt Benefit</i> is payable.
Family Benefits Package	Through this provision, your eligible family members may be entitled to receive additional financial help for child care, college or career training. Included are the <i>Child Care Benefit</i> , <i>Higher Education Benefit</i> and <i>Career Adjustment Benefit</i> .

Limitations

The *loss* must occur solely by an accident and independently of all other causes, within 365 days after the accident. *Loss* of life must be evidenced by a certified copy of the death certificate. All other *losses* must be certified by a *physician* in the appropriate specialty as determined by us.

Exclusions

Subject to state variations, *AD&D Insurance Benefits* are not payable for death or dismemberment caused or contributed to by:

- *War* or act of *war*, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted *injury*
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a *physician*
- *Sickness* or *pregnancy* existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Coverage Ends

AD&D insurance for you and your *spouse* will automatically end on the earliest of the following:

- The date your Life insurance ends
- The date your *Waiver of Premium* begins
- The date AD&D insurance terminates under the *group policy*
- The date the last period ends for which a premium was paid for your AD&D insurance
- The date Indian River County Government's coverage under the *group policy* for AD&D insurance terminates
- For your *spouse*, the date your Dependents Life insurance ends
- The date your employment terminates

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.

Employee Additional Life with AD&D Semi-Monthly Premiums

Coverage Amount	Employee's Age as of last October 1											
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
\$10,000	0.30	0.35	0.40	0.55	0.80	1.30	2.05	3.55	3.80	6.50	5.75	21.83
\$20,000	0.60	0.70	0.80	1.10	1.60	2.60	4.10	7.10	7.60	13.00	11.50	43.65
\$30,000	0.90	1.05	1.20	1.65	2.40	3.90	6.15	10.65	11.40	19.50	17.25	65.48
\$40,000	1.20	1.40	1.60	2.20	3.20	5.20	8.20	14.20	15.20	26.00	23.00	87.30
\$50,000	1.50	1.75	2.00	2.75	4.00	6.50	10.25	17.75	19.00	32.50	28.75	109.13
\$60,000	1.80	2.10	2.40	3.30	4.80	7.80	12.30	21.30	22.80	39.00	34.50	130.95
\$70,000	2.10	2.45	2.80	3.85	5.60	9.10	14.35	24.85	26.60	45.50	40.25	152.78
\$80,000	2.40	2.80	3.20	4.40	6.40	10.40	16.40	28.40	30.40	52.00	46.00	174.60
\$90,000	2.70	3.15	3.60	4.95	7.20	11.70	18.45	31.95	34.20	58.50	51.75	196.43
\$100,000	3.00	3.50	4.00	5.50	8.00	13.00	20.50	35.50	38.00	65.00	57.50	218.25
\$110,000	3.30	3.85	4.40	6.05	8.80	14.30	22.55	39.05	41.80	71.50	63.25	240.08
\$120,000	3.60	4.20	4.80	6.60	9.60	15.60	24.60	42.60	45.60	78.00	69.00	261.90
\$130,000	3.90	4.55	5.20	7.15	10.40	16.90	26.65	46.15	49.40	84.50	74.75	283.73
\$140,000	4.20	4.90	5.60	7.70	11.20	18.20	28.70	49.70	53.20	91.00	80.50	305.55
\$150,000	4.50	5.25	6.00	8.25	12.00	19.50	30.75	53.25	57.00	97.50	86.25	327.38
\$160,000	4.80	5.60	6.40	8.80	12.80	20.80	32.80	56.80	60.80	104.00	92.00	349.20
\$170,000	5.10	5.95	6.80	9.35	13.60	22.10	34.85	60.35	64.60	110.50	97.75	371.03
\$180,000	5.40	6.30	7.20	9.90	14.40	23.40	36.90	63.90	68.40	117.00	103.50	392.85
\$190,000	5.70	6.65	7.60	10.45	15.20	24.70	38.95	67.45	72.20	123.50	109.25	414.68
\$200,000	6.00	7.00	8.00	11.00	16.00	26.00	41.00	71.00	76.00	130.00	115.00	436.50
\$210,000	6.30	7.35	8.40	11.55	16.80	27.30	43.05	74.55	79.80	136.50	120.75	458.33
\$220,000	6.60	7.70	8.80	12.10	17.60	28.60	45.10	78.10	83.60	143.00	126.50	480.15
\$230,000	6.90	8.05	9.20	12.65	18.40	29.90	47.15	81.65	87.40	149.50	132.25	501.98
\$240,000	7.20	8.40	9.60	13.20	19.20	31.20	49.20	85.20	91.20	156.00	138.00	523.80
\$250,000	7.50	8.75	10.00	13.75	20.00	32.50	51.25	88.75	95.00	162.50	143.75	545.63
\$260,000	7.80	9.10	10.40	14.30	20.80	33.80	53.30	92.30	98.80	169.00	149.50	567.45
\$270,000	8.10	9.45	10.80	14.85	21.60	35.10	55.35	95.85	102.60	175.50	155.25	589.28
\$280,000	8.40	9.80	11.20	15.40	22.40	36.40	57.40	99.40	106.40	182.00	161.00	611.10
\$290,000	8.70	10.15	11.60	15.95	23.20	37.70	59.45	102.95	110.20	188.50	166.75	632.93
\$300,000	9.00	10.50	12.00	16.50	24.00	39.00	61.50	106.50	114.00	195.00	172.50	654.75
\$310,000	9.30	10.85	12.40	17.05	24.80	40.30	63.55	110.05	117.80	201.50	178.25	676.58
\$320,000	9.60	11.20	12.80	17.60	25.60	41.60	65.60	113.60	121.60	208.00	184.00	698.40
\$330,000	9.90	11.55	13.20	18.15	26.40	42.90	67.65	117.15	125.40	214.50	189.75	720.23
\$340,000	10.20	11.90	13.60	18.70	27.20	44.20	69.70	120.70	129.20	221.00	195.50	742.05
\$350,000	10.50	12.25	14.00	19.25	28.00	45.50	71.75	124.25	133.00	227.50	201.25	763.88
\$360,000	10.80	12.60	14.40	19.80	28.80	46.80	73.80	127.80	136.80	234.00	207.00	785.70
\$370,000	11.10	12.95	14.80	20.35	29.60	48.10	75.85	131.35	140.60	240.50	212.75	807.53
\$380,000	11.40	13.30	15.20	20.90	30.40	49.40	77.90	134.90	144.40	247.00	218.50	829.35
\$390,000	11.70	13.65	15.60	21.45	31.20	50.70	79.95	138.45	148.20	253.50	224.25	851.18
\$400,000	12.00	14.00	16.00	22.00	32.00	52.00	82.00	142.00	152.00	260.00	230.00	873.00
\$410,000	12.30	14.35	16.40	22.55	32.80	53.30	84.05	145.55	155.80	266.50	235.75	894.83
\$420,000	12.60	14.70	16.80	23.10	33.60	54.60	86.10	149.10	159.60	273.00	241.50	916.65
\$430,000	12.90	15.05	17.20	23.65	34.40	55.90	88.15	152.65	163.40	279.50	247.25	938.48
\$440,000	13.20	15.40	17.60	24.20	35.20	57.20	90.20	156.20	167.20	286.00	253.00	960.30
\$450,000	13.50	15.75	18.00	24.75	36.00	58.50	92.25	159.75	171.00	292.50	258.75	982.13
\$460,000	13.80	16.10	18.40	25.30	36.80	59.80	94.30	163.30	174.80	299.00	264.50	1,003.95
\$470,000	14.10	16.45	18.80	25.85	37.60	61.10	96.35	166.85	178.60	305.50	270.25	1,025.78
\$480,000	14.40	16.80	19.20	26.40	38.40	62.40	98.40	170.40	182.40	312.00	276.00	1,047.60
\$490,000	14.70	17.15	19.60	26.95	39.20	63.70	100.45	173.95	186.20	318.50	281.75	1,069.43
\$500,000	15.00	17.50	20.00	27.50	40.00	65.00	102.50	177.50	190.00	325.00	287.50	1,091.25

* Coverage amounts for ages 70 and over reduce due to age reduction (see Age Reductions section).

Spouse Dependents Life with AD&D Semi-Monthly Premiums

Coverage Amount	Employee's Age as of last October 1											
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
\$5,000	0.15	0.18	0.20	0.28	0.40	0.65	1.03	1.78	1.90	3.25	2.88	10.91
\$10,000	0.30	0.35	0.40	0.55	0.80	1.30	2.05	3.55	3.80	6.50	5.75	21.83
\$15,000	0.45	0.53	0.60	0.83	1.20	1.95	3.08	5.33	5.70	9.75	8.63	32.74
\$20,000	0.60	0.70	0.80	1.10	1.60	2.60	4.10	7.10	7.60	13.00	11.50	43.65
\$25,000	0.75	0.88	1.00	1.38	2.00	3.25	5.13	8.88	9.50	16.25	14.38	54.56
\$30,000	0.90	1.05	1.20	1.65	2.40	3.90	6.15	10.65	11.40	19.50	17.25	65.48
\$35,000	1.05	1.23	1.40	1.93	2.80	4.55	7.18	12.43	13.30	22.75	20.13	76.39
\$40,000	1.20	1.40	1.60	2.20	3.20	5.20	8.20	14.20	15.20	26.00	23.00	87.30
\$45,000	1.35	1.58	1.80	2.48	3.60	5.85	9.23	15.98	17.10	29.25	25.88	98.21
\$50,000	1.50	1.75	2.00	2.75	4.00	6.50	10.25	17.75	19.00	32.50	28.75	109.13
\$55,000	1.65	1.93	2.20	3.03	4.40	7.15	11.28	19.53	20.90	35.75	31.63	120.04
\$60,000	1.80	2.10	2.40	3.30	4.80	7.80	12.30	21.30	22.80	39.00	34.50	130.95
\$65,000	1.95	2.28	2.60	3.58	5.20	8.45	13.33	23.08	24.70	42.25	37.38	141.86
\$70,000	2.10	2.45	2.80	3.85	5.60	9.10	14.35	24.85	26.60	45.50	40.25	152.78
\$75,000	2.25	2.63	3.00	4.13	6.00	9.75	15.38	26.63	28.50	48.75	43.13	163.69
\$80,000	2.40	2.80	3.20	4.40	6.40	10.40	16.40	28.40	30.40	52.00	46.00	174.60
\$85,000	2.55	2.98	3.40	4.68	6.80	11.05	17.43	30.18	32.30	55.25	48.88	185.51
\$90,000	2.70	3.15	3.60	4.95	7.20	11.70	18.45	31.95	34.20	58.50	51.75	196.43
\$95,000	2.85	3.33	3.80	5.23	7.60	12.35	19.48	33.73	36.10	61.75	54.63	207.34
\$100,000	3.00	3.50	4.00	5.50	8.00	13.00	20.50	35.50	38.00	65.00	57.50	218.25
\$105,000	3.15	3.68	4.20	5.78	8.40	13.65	21.53	37.28	39.90	68.25	60.38	229.16
\$110,000	3.30	3.85	4.40	6.05	8.80	14.30	22.55	39.05	41.80	71.50	63.25	240.08
\$115,000	3.45	4.03	4.60	6.33	9.20	14.95	23.58	40.83	43.70	74.75	66.13	250.99
\$120,000	3.60	4.20	4.80	6.60	9.60	15.60	24.60	42.60	45.60	78.00	69.00	261.90
\$125,000	3.75	4.38	5.00	6.88	10.00	16.25	25.63	44.38	47.50	81.25	71.88	272.81
\$130,000	3.90	4.55	5.20	7.15	10.40	16.90	26.65	46.15	49.40	84.50	74.75	283.73
\$135,000	4.05	4.73	5.40	7.43	10.80	17.55	27.68	47.93	51.30	87.75	77.63	294.64
\$140,000	4.20	4.90	5.60	7.70	11.20	18.20	28.70	49.70	53.20	91.00	80.50	305.55
\$145,000	4.35	5.08	5.80	7.98	11.60	18.85	29.73	51.48	55.10	94.25	83.38	316.46
\$150,000	4.50	5.25	6.00	8.25	12.00	19.50	30.75	53.25	57.00	97.50	86.25	327.38
\$155,000	4.65	5.43	6.20	8.53	12.40	20.15	31.78	55.03	58.90	100.75	89.13	338.29
\$160,000	4.80	5.60	6.40	8.80	12.80	20.80	32.80	56.80	60.80	104.00	92.00	349.20
\$165,000	4.95	5.78	6.60	9.08	13.20	21.45	33.83	58.58	62.70	107.25	94.88	360.11
\$170,000	5.10	5.95	6.80	9.35	13.60	22.10	34.85	60.35	64.60	110.50	97.75	371.03
\$175,000	5.25	6.13	7.00	9.63	14.00	22.75	35.88	62.13	66.50	113.75	100.63	381.94
\$180,000	5.40	6.30	7.20	9.90	14.40	23.40	36.90	63.90	68.40	117.00	103.50	392.85
\$185,000	5.55	6.48	7.40	10.18	14.80	24.05	37.93	65.68	70.30	120.25	106.38	403.76
\$190,000	5.70	6.65	7.60	10.45	15.20	24.70	38.95	67.45	72.20	123.50	109.25	414.68
\$195,000	5.85	6.83	7.80	10.73	15.60	25.35	39.98	69.23	74.10	126.75	112.13	425.59
\$200,000	6.00	7.00	8.00	11.00	16.00	26.00	41.00	71.00	76.00	130.00	115.00	436.50
\$205,000	6.15	7.18	8.20	11.28	16.40	26.65	42.03	72.78	77.90	133.25	117.88	447.41
\$210,000	6.30	7.35	8.40	11.55	16.80	27.30	43.05	74.55	79.80	136.50	120.75	458.33
\$215,000	6.45	7.53	8.60	11.83	17.20	27.95	44.08	76.33	81.70	139.75	123.63	469.24
\$220,000	6.60	7.70	8.80	12.10	17.60	28.60	45.10	78.10	83.60	143.00	126.50	480.15
\$225,000	6.75	7.88	9.00	12.38	18.00	29.25	46.13	79.88	85.50	146.25	129.38	491.06
\$230,000	6.90	8.05	9.20	12.65	18.40	29.90	47.15	81.65	87.40	149.50	132.25	501.98
\$235,000	7.05	8.23	9.40	12.93	18.80	30.55	48.18	83.43	89.30	152.75	135.13	512.89
\$240,000	7.20	8.40	9.60	13.20	19.20	31.20	49.20	85.20	91.20	156.00	138.00	523.80
\$245,000	7.35	8.58	9.80	13.48	19.60	31.85	50.23	86.98	93.10	159.25	140.88	534.71
\$250,000	7.50	8.75	10.00	13.75	20.00	32.50	51.25	88.75	95.00	162.50	143.75	545.63

* Coverage amounts for ages 70 and over reduce due to age reduction (see Age Reductions section).