



Lake Worth ISD GFZ02331 - BENEFITS AT A GLANCE

BASIC GROUP TERM LIFE/AD&D

Any full-time, active employee working at least 20 hours per week is eligible for Basic Group Term Life and Accidental Death and Dismemberment (AD&D). Coverages are equal to the following:

Basic Life/AD&D:

Class I: All full-time, active employees \$50,000

Your Employer pays the entire cost of this coverage. Coverage reduces to 65% upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement.

VOLUNTARY GROUP TERM LIFE

Any full-time, active employee is eligible to elect Voluntary Life coverage for themselves and their eligible dependents. Employee and Spouse coverage may be elected in \$10,000 increments to a maximum of \$500,000. **The amount of coverage elected for a dependent cannot exceed the employee's benefit amount.** Coverage reduces to 65% of the original amount upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement. Rates and reductions for Spouse Term Life will be based on the employee's age.

Guaranteed Issue: Employee \$200,000*
Spouse \$50,000*

* Employees and/or spouses who do not enroll within their initial eligibility period must provide Evidence of Insurability for the full amount applied for. During annual enrollment each year, Employees and/or Spouses who are currently enrolled for Voluntary Term Life may increase their coverage by \$10,000 without EOI, up to the Guaranteed Issue.

Child
Age 15 days to 6 months \$100
Age 6 months to age 25 and unmarried \$5,000 (\$0.75 per family) or \$10,000 (\$1.50 per family)



Employee and Spouse MONTHLY Premium Cost (based on 12 payroll deductions per year)

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
10,000	\$ 0.70	\$ 0.80	\$ 0.90	\$ 1.50	\$ 2.20	\$ 3.80	\$ 6.40	\$ 8.60	\$ 14.80	\$ 14.80	\$ 14.80
20,000	1.40	1.60	1.80	3.00	4.40	7.60	12.80	17.20	29.60	29.60	29.60
30,000	2.10	2.40	2.70	4.50	6.60	11.40	19.20	25.80	44.40	44.40	44.40
40,000	2.80	3.20	3.60	6.00	8.80	15.20	25.60	34.40	59.20	59.20	59.20
50,000	3.50	4.00	4.50	7.50	11.00	19.00	32.00	43.00	74.00	74.00	74.00
60,000	4.20	4.80	5.40	9.00	13.20	22.80	38.40	51.60	88.80	88.80	88.80
70,000	4.90	5.60	6.30	10.50	15.40	26.60	44.80	60.20	103.60	103.60	103.60
80,000	5.60	6.40	7.20	12.00	17.60	30.40	51.20	68.80	118.40	118.40	118.40
90,000	6.30	7.20	8.10	13.50	19.80	34.20	57.60	77.40	133.20	133.20	133.20
100,000	7.00	8.00	9.00	15.00	22.00	38.00	64.00	86.00	148.00	148.00	148.00
110,000	7.70	8.80	9.90	16.50	24.20	41.80	70.40	94.60	162.80	162.80	162.80
120,000	8.40	9.60	10.80	18.00	26.40	45.60	76.80	103.20	177.60	177.60	177.60
130,000	9.10	10.40	11.70	19.50	28.60	49.40	83.20	111.80	192.40	192.40	192.40
140,000	9.80	11.20	12.60	21.00	30.80	53.20	89.60	120.40	207.20	207.20	207.20
150,000	10.50	12.00	13.50	22.50	33.00	57.00	96.00	129.00	222.00	222.00	222.00

*Additional benefit amounts are available in \$10,000 increments to a maximum of \$500,000.
 Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations
 (Policy number FDL1-2230-999/Policy number ML2230)*

This summary is for illustrative purposes only and does not constitute a contract. The full terms and conditions of the coverage you select will be contained in the policies provided to North Texas Infectious Disease Consultants. If there is any discrepancy between this benefit description and the policy the terms of the policy will control.

VOLUNTARY GROUP Accidental Death and Dismemberment (AD&D)

Any full-time, active employee is eligible to elect Voluntary AD&D coverage.

The **Individual Plan** covers you in the event of accidental death or dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. The cost for this coverage is \$0.03 per \$1,000 of benefit.

The **Family Plan** covers you and your eligible dependents in the event of accident or dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. The cost for this coverage is \$0.05 per \$1,000 of benefit.

Coverage reduces to 65% of the original amount upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement.

Your Basic and Voluntary Group Term Life coverage automatically includes:

Waiver of Premium: Your term life coverage may continue to age 65 at no cost to you if you become totally disabled prior to age 60, subject to the requirements of this benefit.

Accelerated Death Benefit: If you are diagnosed with a Terminal Condition which with reasonable medical certainty will result in your death within 12 months, you may choose to accelerate up to 50% of your group term life insurance amount. This sum is limited to a maximum of \$150,000 and a minimum of \$7,500. The amount of the accelerated payment will reduce the death benefit payable under the term life coverage by the amount of the requested payment.

Conversion Option: Should you leave your employment with Lake Worth ISD, you may convert your term life coverage to an individual whole life insurance policy. The request to convert must be made within 31 days following termination of coverage.

Portability Option: Should you leave your employment with Lake Worth ISD, you may port your term life coverage for as long as the group policy is in force. The request to port must be made within 31 days following termination of coverage. Upon termination of the group policy, you will have the option to convert your coverage so long as the request is received within 31 days of the group's termination.

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Basic and Voluntary Life Insurance is Underwritten by:

Fort Dearborn Life Insurance Company

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