



Additional Life Insurance

Kent State University will provide Basic Life coverage from Standard Insurance Company. If you are enrolled in Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount. A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. This level of participation has been agreed upon by Kent State University and Standard Insurance Company.

Eligibility

To be eligible for this plan:

- You must be insured for Basic Life.
- You must be an active employee of Kent State University with at least a nine month assignment.
- You must be regularly working at least 30 hours each week.
- You, your spouse or children must not be full-time members of the armed forces of any country.

Employee Coverage Amount

You may elect Additional Life coverage in units of 1, 2 or 3 times your Annual Salary, to a maximum of \$500,000.

If you wish to become insured for an amount of Additional Life in excess of \$200,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical evidence of insurability.

Dependents Life Insurance from Standard Insurance Company is also included in this plan.

Spouse Coverage Amount

This coverage is available in units of \$10,000 to a maximum of \$250,000, but not to exceed 100% of your Additional Life coverage.

If you elect an amount for your *spouse* greater than \$20,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical evidence of insurability.

Coverage Amount for Children

You may elect \$10,000 of Dependents Life Insurance for your eligible *children*. This amount may not exceed 100% of your Additional Life coverage. All late applications will be subject to medical evidence of insurability.

Employee Rates

<u>Employee Age on January 1, 2006</u>	<u>Rate (Per \$1000 of Total Coverage)</u>
<30	\$0.06
30-34	\$0.07
35-39	\$0.09
40-44	\$0.14
45-49	\$0.23
50-54	\$0.35
55-59	\$0.58
60-64	\$0.66
65-69	\$1.23
70-74	\$2.02
75+	\$6.65

To calculate your premium:

$$\frac{\text{Amount Elected}}{\div \$1,000} = \text{_____} \times \$ \frac{\text{_____}}{\text{(from chart)}} = \$ \frac{\text{_____}}{\text{Your monthly cost}}$$

Write the Amount Elected on the
Additional/Optional Life Requested Amount line
on your Enrollment and Change Form

Spouse Rates

<u>Employee Age on January 1, 2006</u>	<u>Rate (Per \$1000 of Total Coverage)</u>
<30	\$0.06
30-34	\$0.07
35-39	\$0.09
40-44	\$0.14
45-49	\$0.23
50-54	\$0.35
55-59	\$0.58
60-64	\$0.66
65-69	\$1.23
70- 74	\$2.02
75+	\$6.65

To calculate the premium for your spouse:

$$\frac{\text{Amount Elected}}{\div \$1,000} = \text{_____} \times \$ \frac{\text{_____}}{\text{(from chart)}} = \$ \frac{\text{_____}}{\text{Your monthly cost}}$$

Write the Elected Amount on the
Dependent Life Spouse Requested Amount line on
your Enrollment and Change Form

Child Rates

The Monthly rate for \$10,000 of benefit is \$1.00

Employee Coverage Effective Date

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

- Eligibility requirements
- An *evidence of insurability* requirement
- 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 day of *active work* as an eligible employee.

Age Reductions

Under this plan, coverage reduces by 35% at age 65, 50% at age 70, and 65% at age 75. If you or your spouse are age 65 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.

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 60
- complete the *waiting period of 180 days*
- give us satisfactory proof of loss

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please contact the Benefits Office 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 Kent State University'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.
- for a *child* who is *disabled*, 90 days after we mail you a proof of disability request, if proof is not given.

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.

APPLICANT	Your Name (Last, First, Middle)			Group Name Kent State University		Group Number(s) 642427	
	Your Address			City		State	ZIP
	Your Soc. Sec. No.	Date of Birth	Current Age	<input type="checkbox"/> Male <input type="checkbox"/> Female		Check One <input type="checkbox"/> Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	
LIFE	<i>Check with the Benefits Office about coverage options available to you and Evidence Of Insurability requirements.</i>						
	Life Insurance <input checked="" type="checkbox"/> Life with AD&D Employer Paid						
	Additional/Optional Life Options Please select increments of 1, 2, or 3 times your annual base salary. This amount cannot exceed \$500,000. <input type="checkbox"/> 1 X Annual salary <input type="checkbox"/> 2 X Annual salary <input type="checkbox"/> 3 X Annual salary						
	Dependents Life Insurance <input type="checkbox"/> Spouse requested amount in increments of \$10,000 \$ _____ Spouse Name _____ Date of Birth _____ <input type="checkbox"/> Dependent Children may be covered for \$10,000 per dependent child for \$1.00/month. Children to be covered: Full name _____ Date of birth _____ Relationship _____ Full name _____ Date of birth _____ Relationship _____ Full name _____ Date of birth _____ Relationship _____						
BENEFICIARY	<i>This designation applies to Life/Life with AD&D Insurance available through Kent State University, if any. Designations are not valid unless signed, dated, and delivered to Kent State University during your lifetime. See page 2 for further information.</i>						
	Primary - Full Name		Address		Soc. Sec. No.		Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.		Relationship % of Benefit
CHANGE	<i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i>						
	<input type="checkbox"/> Add Dependent	Name _____					
	<input type="checkbox"/> Delete Dependent	Name _____				Date of add/delete _____	
	<input type="checkbox"/> Name Change	Former name _____					
SIGNATURE	<input type="checkbox"/> Beneficiary Change <input type="checkbox"/> Other _____						
	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.						
Member/Employee Signature Required					Date (Mo/Day/Yr)		
Benefits Office - Complete this section. Retain form for your records.							
Dvsn ID	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr			

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.