

Voluntary Term Life Insurance Program

If you are eligible, Voluntary Term Life Insurance is available to you, your eligible spouse, and your eligible dependent children. This insurance option provides low cost, pure life insurance protection—it is an ideal way to help provide financial protection during your working years.

ELIGIBILITY FOR THIS PROGRAM

Employee: (1) if your employer requires that you must be continuously employed by them for a minimum number of days, you must be continuously employed for at least that number of days; and (2) you must be actively performing the regular duties of your job for at least the required number of hours as defined in the Group Contract and work in the usual manner and at the usual place of employment or business (if you are not working due to illness or injury, you will *not* be eligible until you return to work); and (3) you must provide evidence of insurability satisfactory to the insurance carrier if we ask for it. If you are not working due to illness or injury, you will not be eligible until you return to work.

Spouse: Your spouse who is legally married (as determined by the laws of the state in which you live) to you is eligible to participate in this program. Spouse also means your registered domestic partner* as defined in the Group Contract. A spouse does not include anyone who is personally eligible as an employee. You must be covered in order for your spouse to be eligible for coverage.

*Your registered domestic partner means a person whose domestic partnership with you has been validly registered by the California Secretary of State; or a person with whom you have established a union other than marriage, recognized under California law as the equivalent of a registered domestic partner.

Dependent Children: Dependent children are your children from live birth to 26 years old. Your children include your legally adopted children, children placed with you for adoption prior to legal adoption, and each of your stepchildren, Registered Domestic Partner's children, and foster children. A child placed with you for adoption prior to legal adoption is considered your qualified dependent from the date of placement for adoption, and is treated as though the child were a newborn child born to you.

A dependent child does not include anyone who is personally eligible as an employee. If you and your spouse are both eligible as an employee, your children may be insured as dependent children of either you or your spouse, but not both of you. You must be covered in order for your dependent children to be eligible for coverage.

A qualified dependent may be confined for medical care or treatment, at home or elsewhere. If a qualified dependent is so confined on the day that your dependent's insurance under a coverage for that qualified dependent, or any change in that insurance that is subject to this section, would take effect, it will not then take effect. The insurance or change will take effect upon the qualified dependent's final medical release from all such confinement. The other requirements for the insurance or change must also be met.

BENEFITS

Employee Coverage:

Classification	Maximum Benefit	Non-Medical Limit*
Superintendent, Management, Certificated, and Classified Employees.	\$10,000 increments to a maximum of \$500,000 not to exceed five (5) times annual earnings (rounded to the next highest \$10,000).	Two (2) times annual earnings, rounded to the next highest \$10,000 not to exceed \$100,000.
All Members of the Board of Education	\$10,000 increments to a maximum of \$500,000.	\$100,000.

Evidence of Insurability will be required on all employee amounts over the non-medical limit amount.
*To be eligible for non-medical limit, you must be an active employee and apply within 31 days of first becoming eligible for this coverage.
Annual earnings are defined as the gross amount of money paid to you by the employer in cash for performing the duties required of your job. Bonuses, overtime pay, earnings for more than 40 hours per week, and all other benefits are not included.

Dependent(s) Coverage*:

Spouse: Your spouse's amount must be in **\$10,000** increments, not to exceed **\$500,000**. Non-Medical Limit of up to **\$20,000** is available. The spouse can only select coverage if the employee enrolls.

Dependent Children: You may select from the following coverage amounts: **\$2,500, \$5,000, \$10,000**.

Your spouse and dependent children can only participate if you have NOT been denied coverage.

***Dependents' coverage may not exceed 100% of your approved coverage amount.**

HIGHLIGHTS

Waiver of Premium

Premium will be waived for you, your spouse, and your children if **you**, the employee, are insured and become totally disabled for at least six consecutive months. Your total disability must occur while coverage is in force and prior to your attaining age 70. During the six-month waiting period, premiums for all coverage must be paid. Limitations and exclusions apply. Refer to the Group Contract for details.

Accelerated Death Benefit

The Accelerated Death Benefit for Terminal Illness allows individuals to "tap into" life insurance proceeds early. You can receive up to **80%** of the applicable Voluntary Term Life Insurance amount in the event of an insured's terminal illness. The maximum benefit payable under this option is **\$500,000**. The balance of the coverage will be paid to the beneficiary at the death of the insured. Limitations and exclusions apply. Refer to the Group Contract for details.

Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" You may wish to seek professional tax advice before exercising this option.

Conversion to Permanent Coverage

If your employment terminates for any reason or an insured becomes ineligible, you and your family may convert your voluntary coverage to permanent life insurance. In addition, if your insured dependents are no longer eligible for group insurance under your certificate, they may convert their insurance coverage to permanent life insurance. Additional requirements and limitations will apply if your coverage terminates because the Group Contract terminates. You (or your insured dependent) must sign an application for conversion within 31 days following the termination of your employment or eligibility (or dependent insurance ends) in order to convert your coverage without being required to submit additional health evidence. Coverage will be billed monthly. No additional fees for direct payment will apply under this option.

EXCLUSIONS

Suicide Exclusion

If you or your covered dependent's death results from or is caused by suicide, while sane or insane: (1) A death benefit is not payable if you or your covered dependent dies within two years of the date you or your covered dependent became a covered person. But, the carrier will refund any premiums paid for your Voluntary Term Life Insurance or Voluntary Dependent Term Life Insurance under this coverage. (2) The amount of any increase in your or your dependent's death benefit is not payable if you or your covered dependent dies within two years of the date of the increase. But, the insurance company will refund any premiums paid for that increase.

Beneficiary

You designate your own beneficiary. You, as the employee, will be the beneficiary of your spouse's and/or children's insurance.

PREMIUM COST

Premium per \$1,000 of Coverage for Employees and Spouses					
AGE	TENTHLY	MONTHLY	Children Coverage Options	TENTHLY COST	MONTHLY
Under 30	.05	.04	\$2,500	.60	.50
30-34	.05	.04	\$5,000	1.20	1.00
35-39	.07	.06	\$10,000	2.40	2.00
40-44	.11	.09			
45-49	.19	.16			
50-54	.29	.24			
55-59	.47	.39			
60-64	.78	.65			
65-69	1.31	1.09			
70+	2.22	1.85			

Employee/Spouse rates are based on the age of the covered individual. Your rates will automatically increase on the Contract Anniversary following the date you advance into the next higher age-bracket listed above.

During the employee's or spouse's lifetime, a premium adjustment will be made immediately if any discrepancy is found in either the employee's or spouse's age or cost.

How to Apply

Select the amount of coverage that best meets your needs and those of your family. Calculate your premium, then complete and sign the enclosed application and its payroll deduction authorization. Be sure to complete all questions accurately. Your spouse must sign if he/she is requesting insurance coverage. All applications are subject to the underwriting review and approval by the underwriter. If you do not want coverage, simply sign and date the appropriate line at the top of the application. Whether you apply for coverage or choose not to participate, all applications and waivers must be returned to your employer.

Effective Date

Your coverage will be effective on the first day of the month following the date that the insurance company or its administrator approves your application. As an eligible employee if you qualify for the non-medical limit, the first two times annual earnings, rounded to the next highest \$10,000 not to exceed **\$100,000** will be effective on the first day of the month following the date you enroll. As an eligible Board Member if you qualify for the non-medical limit, the first **\$100,000** will be effective on the first day of the month following the date you enroll. Your spouse's coverage will be effective on the first day of the month following the date he/she is approved for coverage. If your spouse qualifies for Conditional Guaranteed Issue, up to the first **\$20,000** will be effective on the first day of the month following the date you enroll your spouse. Children coverage is effective when your coverage becomes effective. Spouse and dependent children coverage will not become effective unless you apply for and are approved for coverage.

LIMITATIONS AND EXCLUSIONS

This booklet highlights the features of your Voluntary Group Term Life Insurance coverage. Only the provisions, definitions, limitations, and exclusions of the Group Contract, Certificate, Riders, Endorsements, Applications and/or Enrollment Form, which together constitute the formal legal contract, will apply. A copy of the Group Contract is held by your employer and can be viewed upon request during your employer's normal business hours.

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued, the terms of the Group Contract will govern. Contract provisions may vary by state.

IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this form to designate or make changes to the beneficiary(ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.**

DEFINITIONS

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) - the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) - the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

1. EMPLOYEE INFORMATION

- All information in this section is required.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group plan.

2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

Individual: "Mary A. Doe"

- * Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")
- * Include the address, relationship and Date of Birth for each individual listed.
- * Indicate the percentage to be assigned to each individual.

Estate: "Estate of the Insured"

- * Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
- * Indicate the percentage to be assigned to the Estate of the Insured.

Corporation/Organization: "ABC Charitable Organization"

- * Select "Corporation/Organization" as the Beneficiary Description.
- * Write the legal name of the corporation or organization in the space for the Beneficiary's First Name.
- * You must provide the address, city and state of operation for each organization or corporation listed.
- * Indicate the percentage to be assigned to the corporation or organization.

Trust: "The John Doe Trust. A Trust with a trust agreement dated 1/1/99 whose Trustee is Jane Smith."

- * Select "Trust" as the Beneficiary Description.
- * Indicate the percentage to be assigned to the trust.
- * Complete Section 3, Trust Designation.

3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

4. AUTHORIZATION/SIGNATURE

- The employee must read, sign and date the authorization.
- Submit the completed form to your Benefits Administrator or Human Resources (as directed by your employer) and keep a copy for your records.