

## Plan Highlights

### Group Supplemental & Dependent Life and AD&D Insurance



#### Meyers Nave

#### ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you
- ▶ Your legally-recognized domestic or civil union partner
- ▶ Your unmarried financially dependent children birth to 20 years (to 26 years if full-time student).
- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

#### BENEFIT AMOUNT

##### Supplemental Life:

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments.

##### Dependent Life:

*Spouse:* Choose from a minimum of \$5,000, a maximum of \$100,000 in \$5,000 increments

(spouse amount may not exceed 50.00% of employee amount)

*Dependent Child(ren):*

Birth but less than 21 years: \$500

21 years through age 20: \$10,000

(up to age 26 if a full-time student)

#### GUARANTEED ISSUE

Initial eligibility period only

##### Employee:

Under age 60: \$150,000

Age 60 but less than age 70: \$150,000

Age 70 and over: \$50,000

##### Spouse:

Under age 60: \$25,000

Age 60 but less than age 70: \$25,000

Age 70 and over: none

**Child:** all child amounts are guaranteed issue

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

##### Dependent Life:

*Spouse:* Coverage is 100% employee paid.

*Dependent Child(ren):* Coverage is 100% employee paid.

#### AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%
For Total Loss of	Amount Payable
Both Arms and Both Legs	100%
Both Arms and One Leg or Both Legs and One Arm	75%
Both Arms	67%
Both Legs	67%
One Arm and One Leg	67%
One Arm or One Leg	50%

#### BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

Age	Original Benefit Reduced to
65	65%
70	50%

#### RATES

See attached Rate Sheet

#### FEATURES

- ▶ Living Benefit
- ▶ Conversion Privilege
- ▶ FMLA/MSLA Extension
- ▶ Portability

## **EXCLUSIONS**

### **LIMITATIONS:**

If you or your insured dependent die by suicide, while sane or insane, within two (2) years of your effective date for Supplemental Life and/or Dependent Life insurance coverage, our payment will be limited to a refund of all life insurance premiums paid prior to the date of death.

### **AD&D EXCLUSIONS:**

AD&D benefits will not be payable for a loss: caused or contributed by by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

For a comprehensive list of exclusions and specific limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

# Reliance Standard Plans Supplemental and Dependent Life Insurance Premium Table

## Plan Holder: Meyers Nave

**Scheduled Benefit:** Each eligible employee may elect for himself/herself and/or his/her eligible spouse an amount of insurance shown in the table below.

**For employees age 65 and older:** Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

**Employee/Spouse Premiums:** To find you and your spouse's premium:

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 65 and older: see above comment).
- Spouse premium: Repeat the steps above for your spouse at your age at your last birthday.
- Employee and spouse rates change as insured moves from one age bracket to the next.

### Employee Semi-Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$10,000	\$0.35	\$0.35	\$0.55	\$0.75	\$0.95	\$1.45	\$2.60	\$4.95	\$6.40	\$11.80	\$19.10
\$20,000	\$0.70	\$0.70	\$1.10	\$1.50	\$1.90	\$2.90	\$5.20	\$9.90	\$12.80	\$23.60	\$38.20
\$30,000	\$1.05	\$1.05	\$1.65	\$2.25	\$2.85	\$4.35	\$7.80	\$14.85	\$19.20	\$35.40	\$57.30
\$40,000	\$1.40	\$1.40	\$2.20	\$3.00	\$3.80	\$5.80	\$10.40	\$19.80	\$25.60	\$47.20	\$76.40
\$50,000	\$1.75	\$1.75	\$2.75	\$3.75	\$4.75	\$7.25	\$13.00	\$24.75	\$32.00	\$59.00	\$95.50
\$60,000	\$2.10	\$2.10	\$3.30	\$4.50	\$5.70	\$8.70	\$15.60	\$29.70	\$38.40	\$70.80	\$114.60
\$70,000	\$2.45	\$2.45	\$3.85	\$5.25	\$6.65	\$10.15	\$18.20	\$34.65	\$44.80	\$82.60	\$133.70
\$80,000	\$2.80	\$2.80	\$4.40	\$6.00	\$7.60	\$11.60	\$20.80	\$39.60	\$51.20	\$94.40	\$152.80
\$90,000	\$3.15	\$3.15	\$4.95	\$6.75	\$8.55	\$13.05	\$23.40	\$44.55	\$57.60	\$106.20	\$171.90
\$100,000	\$3.50	\$3.50	\$5.50	\$7.50	\$9.50	\$14.50	\$26.00	\$49.50	\$64.00	\$118.00	\$191.00
\$110,000	\$3.85	\$3.85	\$6.05	\$8.25	\$10.45	\$15.95	\$28.60	\$54.45	\$70.40	\$129.80	\$210.10
\$120,000	\$4.20	\$4.20	\$6.60	\$9.00	\$11.40	\$17.40	\$31.20	\$59.40	\$76.80	\$141.60	\$229.20
\$130,000	\$4.55	\$4.55	\$7.15	\$9.75	\$12.35	\$18.85	\$33.80	\$64.35	\$83.20	\$153.40	\$248.30
\$140,000	\$4.90	\$4.90	\$7.70	\$10.50	\$13.30	\$20.30	\$36.40	\$69.30	\$89.60	\$165.20	\$267.40
\$150,000	\$5.25	\$5.25	\$8.25	\$11.25	\$14.25	\$21.75	\$39.00	\$74.25	\$96.00	\$177.00	\$286.50
\$160,000	\$5.60	\$5.60	\$8.80	\$12.00	\$15.20	\$23.20	\$41.60	\$79.20	\$102.40	\$188.80	\$305.60
\$170,000	\$5.95	\$5.95	\$9.35	\$12.75	\$16.15	\$24.65	\$44.20	\$84.15	\$108.80	\$200.60	\$324.70
\$180,000	\$6.30	\$6.30	\$9.90	\$13.50	\$17.10	\$26.10	\$46.80	\$89.10	\$115.20	\$212.40	\$343.80
\$190,000	\$6.65	\$6.65	\$10.45	\$14.25	\$18.05	\$27.55	\$49.40	\$94.05	\$121.60	\$224.20	\$362.90
\$200,000	\$7.00	\$7.00	\$11.00	\$15.00	\$19.00	\$29.00	\$52.00	\$99.00	\$128.00	\$236.00	\$382.00
\$210,000	\$7.35	\$7.35	\$11.55	\$15.75	\$19.95	\$30.45	\$54.60	\$103.95	\$134.40	\$247.80	\$401.10
\$220,000	\$7.70	\$7.70	\$12.10	\$16.50	\$20.90	\$31.90	\$57.20	\$108.90	\$140.80	\$259.60	\$420.20
\$230,000	\$8.05	\$8.05	\$12.65	\$17.25	\$21.85	\$33.35	\$59.80	\$113.85	\$147.20	\$271.40	\$439.30
\$240,000	\$8.40	\$8.40	\$13.20	\$18.00	\$22.80	\$34.80	\$62.40	\$118.80	\$153.60	\$283.20	\$458.40
\$250,000	\$8.75	\$8.75	\$13.75	\$18.75	\$23.75	\$36.25	\$65.00	\$123.75	\$160.00	\$295.00	\$477.50
\$260,000	\$9.10	\$9.10	\$14.30	\$19.50	\$24.70	\$37.70	\$67.60	\$128.70	\$166.40	\$306.80	\$496.60
\$270,000	\$9.45	\$9.45	\$14.85	\$20.25	\$25.65	\$39.15	\$70.20	\$133.65	\$172.80	\$318.60	\$515.70
\$280,000	\$9.80	\$9.80	\$15.40	\$21.00	\$26.60	\$40.60	\$72.80	\$138.60	\$179.20	\$330.40	\$534.80
\$290,000	\$10.15	\$10.15	\$15.95	\$21.75	\$27.55	\$42.05	\$75.40	\$143.55	\$185.60	\$342.20	\$553.90
\$300,000	\$10.50	\$10.50	\$16.50	\$22.50	\$28.50	\$43.50	\$78.00	\$148.50	\$192.00	\$354.00	\$573.00
\$310,000	\$10.85	\$10.85	\$17.05	\$23.25	\$29.45	\$44.95	\$80.60	\$153.45	\$198.40	\$365.80	\$592.10
\$320,000	\$11.20	\$11.20	\$17.60	\$24.00	\$30.40	\$46.40	\$83.20	\$158.40	\$204.80	\$377.60	\$611.20
\$330,000	\$11.55	\$11.55	\$18.15	\$24.75	\$31.35	\$47.85	\$85.80	\$163.35	\$211.20	\$389.40	\$630.30
\$340,000	\$11.90	\$11.90	\$18.70	\$25.50	\$32.30	\$49.30	\$88.40	\$168.30	\$217.60	\$401.20	\$649.40
\$350,000	\$12.25	\$12.25	\$19.25	\$26.25	\$33.25	\$50.75	\$91.00	\$173.25	\$224.00	\$413.00	\$668.50
\$360,000	\$12.60	\$12.60	\$19.80	\$27.00	\$34.20	\$52.20	\$93.60	\$178.20	\$230.40	\$424.80	\$687.60
\$370,000	\$12.95	\$12.95	\$20.35	\$27.75	\$35.15	\$53.65	\$96.20	\$183.15	\$236.80	\$436.60	\$706.70
\$380,000	\$13.30	\$13.30	\$20.90	\$28.50	\$36.10	\$55.10	\$98.80	\$188.10	\$243.20	\$448.40	\$725.80
\$390,000	\$13.65	\$13.65	\$21.45	\$29.25	\$37.05	\$56.55	\$101.40	\$193.05	\$249.60	\$460.20	\$744.90

\$400,000	\$14.00	\$14.00	\$22.00	\$30.00	\$38.00	\$58.00	\$104.00	\$198.00	\$256.00	\$472.00	\$764.00
\$410,000	\$14.35	\$14.35	\$22.55	\$30.75	\$38.95	\$59.45	\$106.60	\$202.95	\$262.40	\$483.80	\$783.10
\$420,000	\$14.70	\$14.70	\$23.10	\$31.50	\$39.90	\$60.90	\$109.20	\$207.90	\$268.80	\$495.60	\$802.20
\$430,000	\$15.05	\$15.05	\$23.65	\$32.25	\$40.85	\$62.35	\$111.80	\$212.85	\$275.20	\$507.40	\$821.30
\$440,000	\$15.40	\$15.40	\$24.20	\$33.00	\$41.80	\$63.80	\$114.40	\$217.80	\$281.60	\$519.20	\$840.40
\$450,000	\$15.75	\$15.75	\$24.75	\$33.75	\$42.75	\$65.25	\$117.00	\$222.75	\$288.00	\$531.00	\$859.50
\$460,000	\$16.10	\$16.10	\$25.30	\$34.50	\$43.70	\$66.70	\$119.60	\$227.70	\$294.40	\$542.80	\$878.60
\$470,000	\$16.45	\$16.45	\$25.85	\$35.25	\$44.65	\$68.15	\$122.20	\$232.65	\$300.80	\$554.60	\$897.70
\$480,000	\$16.80	\$16.80	\$26.40	\$36.00	\$45.60	\$69.60	\$124.80	\$237.60	\$307.20	\$566.40	\$916.80
\$490,000	\$17.15	\$17.15	\$26.95	\$36.75	\$46.55	\$71.05	\$127.40	\$242.55	\$313.60	\$578.20	\$935.90
\$500,000	\$17.50	\$17.50	\$27.50	\$37.50	\$47.50	\$72.50	\$130.00	\$247.50	\$320.00	\$590.00	\$955.00

**Spouse Semi-Monthly Premiums**

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$5,000	\$0.18	\$0.18	\$0.28	\$0.38	\$0.48	\$0.73	\$1.30	\$2.48	\$3.20	\$5.90	\$9.55
\$10,000	\$0.35	\$0.35	\$0.55	\$0.75	\$0.95	\$1.45	\$2.60	\$4.95	\$6.40	\$11.80	\$19.10
\$15,000	\$0.53	\$0.53	\$0.83	\$1.13	\$1.43	\$2.18	\$3.90	\$7.43	\$9.60	\$17.70	\$28.65
\$20,000	\$0.70	\$0.70	\$1.10	\$1.50	\$1.90	\$2.90	\$5.20	\$9.90	\$12.80	\$23.60	\$38.20
\$25,000	\$0.88	\$0.88	\$1.38	\$1.88	\$2.38	\$3.63	\$6.50	\$12.38	\$16.00	\$29.50	\$47.75
\$30,000	\$1.05	\$1.05	\$1.65	\$2.25	\$2.85	\$4.35	\$7.80	\$14.85	\$19.20	\$35.40	\$57.30
\$35,000	\$1.23	\$1.23	\$1.93	\$2.63	\$3.33	\$5.08	\$9.10	\$17.33	\$22.40	\$41.30	\$66.85
\$40,000	\$1.40	\$1.40	\$2.20	\$3.00	\$3.80	\$5.80	\$10.40	\$19.80	\$25.60	\$47.20	\$76.40
\$45,000	\$1.58	\$1.58	\$2.48	\$3.38	\$4.28	\$6.53	\$11.70	\$22.28	\$28.80	\$53.10	\$85.95
\$50,000	\$1.75	\$1.75	\$2.75	\$3.75	\$4.75	\$7.25	\$13.00	\$24.75	\$32.00	\$59.00	\$95.50
\$55,000	\$1.93	\$1.93	\$3.03	\$4.13	\$5.23	\$7.98	\$14.30	\$27.23	\$35.20	\$64.90	\$105.05
\$60,000	\$2.10	\$2.10	\$3.30	\$4.50	\$5.70	\$8.70	\$15.60	\$29.70	\$38.40	\$70.80	\$114.60
\$65,000	\$2.28	\$2.28	\$3.58	\$4.88	\$6.18	\$9.43	\$16.90	\$32.18	\$41.60	\$76.70	\$124.15
\$70,000	\$2.45	\$2.45	\$3.85	\$5.25	\$6.65	\$10.15	\$18.20	\$34.65	\$44.80	\$82.60	\$133.70
\$75,000	\$2.63	\$2.63	\$4.13	\$5.63	\$7.13	\$10.88	\$19.50	\$37.13	\$48.00	\$88.50	\$143.25
\$80,000	\$2.80	\$2.80	\$4.40	\$6.00	\$7.60	\$11.60	\$20.80	\$39.60	\$51.20	\$94.40	\$152.80
\$85,000	\$2.98	\$2.98	\$4.68	\$6.38	\$8.08	\$12.33	\$22.10	\$42.08	\$54.40	\$100.30	\$162.35
\$90,000	\$3.15	\$3.15	\$4.95	\$6.75	\$8.55	\$13.05	\$23.40	\$44.55	\$57.60	\$106.20	\$171.90
\$95,000	\$3.33	\$3.33	\$5.23	\$7.13	\$9.03	\$13.78	\$24.70	\$47.03	\$60.80	\$112.10	\$181.45
\$100,000	\$3.50	\$3.50	\$5.50	\$7.50	\$9.50	\$14.50	\$26.00	\$49.50	\$64.00	\$118.00	\$191.00

**Dependent Child(ren) Semi-Monthly Premiums:**

Benefit Amount	Premium
\$10,000	\$1.20

*(One rate and benefit amount for all eligible children in family, regardless of number)*

**PREMIUM CALCULATION (Add your elections here):**

Employee Premium	
Spouse Premium	
Dependent Child(ren) Premium	
<b>Total Premium</b>	

*(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).*

**Please read this important information:**

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.

***Rates are subject to change.***