

Enrollment at a glance

A guide to your plan basics

CSAC Excess Insurance Authority City of Merced, Account 162

**Take advantage of insurance offered at your workplace.
It's convenient and affordable.**

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by CSAC Excess Insurance Authority can be an important part of your financial security.

CSAC Excess Insurance Authority provides you with Basic Life Insurance coverage and Accidental Death and Dismemberment Insurance in the amount of one times basic annual salary to a maximum of \$50,000. Coverage is rounded to the next higher \$1,000. Eligible employees may apply for more coverage in the Supplemental Group Term Life Insurance program.

Your Life Insurance Benefit Includes	
Convenient Payroll Deductions	<i>(Applicable for Supplemental Life Only)</i> Since deductions are taken directly from your paycheck, you never have to worry about late payments or lapse notices.
“Take it With You”	The portability option allows for continued coverage that can help protect your family even when your current employment ends.
Waiver of Premium	If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.
Accelerated Benefit	You may collect a portion of your death benefit (typically 75%) while you are living, if you are diagnosed with a terminal condition with a limited life expectancy under twelve months (may vary by state).

Refer to the information on the following pages to learn more about Supplemental Group Term Life Insurance options and determine your coverage cost.

Supplemental Term Life Insurance Coverage Options

	For You	For Your Spouse	For Your Child(ren)
Eligibility	All active employees working 40+ hours per week.	Coverage is available only if Employee Supplemental Life Insurance is elected.	Coverage is available only if Employee Supplemental Life Insurance is elected.
Coverage Options	\$10,000, \$20,000, \$40,000, \$50,000, \$60,000, \$80,000, or \$100,000, not to exceed 5 times your annual salary.	\$5,000, \$10,000, \$20,000, \$30,000, \$40,000, or \$50,000. Coverage is limited to 100% of the total amount of Employee coverage.	\$10,000 on your children age 6 months but less than 19 years, and student dependents to age 25 years. Children age 14 days but less than 6 months are limited to \$250.
Guaranteed Issue Offer*	New Hire – You can elect up to \$100,000 of coverage (\$50,000 age 60 and over) during the initial eligibility period without providing proof of good health.	New Hire – You can elect up to \$50,000 of coverage during the initial eligibility period without providing proof of good health on your spouse.	New Hire – You can elect up to \$10,000 of coverage during the initial eligibility period without providing proof of good health on your children.
Supplemental Accidental Death & Dismemberment Insurance	Coverage in an amount equal to your approved Employee Supplemental Life Insurance.	Not applicable.	Not applicable.
Age Reduction(s)	Benefit amounts reduce to 65% of original coverage at age 65, to 40% of original coverage at age 70, and to 25% of original coverage at age 75.	Benefit amounts reduce to 65% of original coverage at spouse age 65, to 40% of original coverage at spouse age 70, and to 25% of original coverage at spouse age 75.	Not applicable.

The term “spouse” as used in this summary includes a domestic partner or civil union partner as described in the certificate of insurance or riders.

Contact your employer if you have questions about the definition of "child" for your plan.

Accidental Death & Dismemberment coverage has exclusions that are described in the certificate of insurance or riders.

*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, or you submit an application for coverage more than 31 days after the date you become eligible. Proof of good health is subject to approval by the insurance company.

Insurance Rate Information and Premium Calculator

The cost is calculated based on the age of the employee or spouse as of July 1 each year.

The rates shown are guaranteed until 06/31/2017.

Employee and Spouse Supplemental Life Insurance Rates

Age	Monthly Cost per \$1,000 of Coverage
Under 25	\$0.06
25-29	\$0.06
30-34	\$0.07
35-39	\$0.09
40-44	\$0.15
45-49	\$0.25
50-54	\$0.37
55-59	\$0.56
60-64	\$0.91
65-69	\$1.64
70-74	\$2.33
75 +	\$5.02

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

Coverage type	Monthly Cost per \$1,000 of Coverage
Employee Supplemental AD&D	\$0.03

Children Life Insurance Rates

Coverage Levels	Monthly Cost
\$10,000 each child	\$2.00

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

Supplemental Life Insurance	For You	For Your Spouse	For Your Children
Step 1: Select the amount of insurance you want	\$	\$	\$
Step 2: Divide this number by \$1,000	\$	\$	N/A
Step 3: Enter the rate from the table(s) above	\$	\$	(C)
Step 4: Multiply Step #2 by Step #3	(A)	(B)	N/A
Step 5: Add (A), (B), and (C) for the Total Monthly Premium	\$	\$	\$

Supplemental AD&D Insurance	For You	For Your Spouse	For Your Children
Step 6: Select the amount of insurance you want	\$	\$	\$
Step 7: Divide this number by \$1,000	\$	\$	\$
Step 8: Enter the rate from the table(s) above	\$	\$	\$
Step 9: Multiply Step #7 by Step #8	(A)	(B)	(C)
Step 10: Add (A), (B), and (C) for the Total Monthly Premium	\$	\$	\$

Total Monthly Premium - Add Step 5 and Step 10	\$		
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This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Policy form LP00GP (may vary by state).

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