

Group Term Life Insurance

Enrollment at a glance

For employees of: Rosemead School District, Group #717070



What is Group Term Life Insurance?

- Offered through your employer
- Pays a benefit to your beneficiary if you pass away during a specific period of time ("term")
- Term is generally one year, renewing annually with other employer-offered benefits
- You have the option to elect Supplement Life Insurance.

What is Accidental Death and Dismemberment (AD&D) Insurance?

AD&D Insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through your employer.

Eligibility and coverage options

	For you	For your spouse*	For your children
Eligibility	All active employees working 20+ hours per week.	If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage as a spouse. Coverage is available only if Employee Supplemental Life Insurance is elected.	To age 26. If your child is covered under the policy as an employee, then your child is not eligible for coverage as a child. Coverage is available only if employee Supplemental Life Insurance is elected.

Supplemental Life and AD&D Insurance coverage options	Eligible employees may elect Supplemental Life and AD&D Insurance of \$10,000 to \$300, 000 in \$10,000 increments. The amount chosen cannot exceed 5 times basic annual earnings.	Eligible employees may elect Spouse Supplemental Life and AD&D Insurance of \$5,000 to \$150,000 in \$5,000 increments. Coverage cannot exceed 50% of your approved employee Supplemental Life Insurance amount.	Eligible employees may elect Children Supplemental Life and AD&D Insurance of \$10,000.
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Guaranteed issue (GI) limit	You may elect \$90,000 without providing evidence of insurability during the current enrollment period.	You may elect up to \$20,000 without providing evidence of insurability during the current enrollment period.	You may elect up to \$10,000 without providing evidence of insurability during the current enrollment period.
Evidence of insurability (health questions)	Total Supplemental Life Insurance coverage up to \$300,000 is available if you provide evidence of insurability subject to approval by the insurance company. You must provide evidence of insurability on yourself for any coverage elected. When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.	Total Supplemental Life Insurance coverage up to \$150,000 is available if you provide evidence of insurability on your spouse, subject to approval by the insurance company. You must provide evidence of insurability on your spouse for any coverage elected. When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.	Not applicable.
Age reductions Note: Your payroll deductions will be adjusted to pay premium based on the new benefit amount(s).	Benefit amount reduces to 65% of original coverage at age 65, to 50% of original coverage at age 70 and to 30% of original coverage at age 75.	Benefit amount reduces to 65% of original coverage at employee age 65, to 50% of original coverage at age 70, and to 30% of original coverage at age 75 and after.	Not applicable

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If you have a medical condition that requires permanent continuous confinement in an institution or are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living..
- **Accidental Death and Dismemberment (AD&D) Insurance*:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like.
- **Conversion*:** You may convert life insurance coverage to an individual Whole Life Insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- **Portability:** You may apply to continue your Supplemental coverage when you leave your current employer, and pay premiums to the insurance company directly.
- **Waiver of Premium:** If you become unable to work due to total disability, your Supplemental Life Insurance can be continued without premium payment.
- **Convenient payroll deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

*Coverage on your spouse and children is available if they are enrolled for life insurance.

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How much does my life insurance cost?

The cost for Supplemental Life is calculated based on the age of the employee or spouse as of October 1st of the current policy year.

Rates shown are guaranteed until October 1, 2027.

Employee and Spouse Supplemental Life Insurance Rates

Employee age	Monthly (10thly) rate per \$1,000 of coverage
Under 30	\$0.084
30-39	\$0.122
40-49	\$0.216
50-59	\$0.562
60-69	\$1.524
70+	\$2.830

The rates are per individual.

Children Life Insurance Rates

Monthly cost for all eligible children

Coverage levels	Monthly (10thly) cost
\$10,000	\$3.12

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

Coverage type	Monthly (10thly) rate per \$1,000 of coverage
Employee Supplemental AD&D	\$0.025
Spouse Supplemental AD&D	\$0.025

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

Monthly cost for all eligible children

Coverage levels	Monthly (10thly) cost
\$10,000	\$0.50

Use the steps below to calculate your premium for you and your spouse based on the amount of insurance you elect.

Step 1: Enter the rate per \$1,000 based on age: _____

Step 2: Take the amount of insurance and divide it by 1,000: _____

(Example: For \$150,000 of coverage, enter "150")

Step 3: Multiply lines 1 and 2 (this is your monthly cost): _____

Monthly cost for your children: (covers all eligible children)

Enter the monthly cost for the amount of coverage from the table above: _____

Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

Questions?



For more information, please contact or go to:

Voya Employee Benefits Customer Service at (877) 236-7564 OR

Dory Garcia
Rosemead School District
Administrative Assistant for Administrative Services
626-312-2900 ext. 221 / dogarcia@rosemead.k12.ca.us

To learn more, go to <https://presents.voya.com/EBRC/RosemeadSD>

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 insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

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