



## Additional Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

## Eligibility

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active Superintendent, administration, professional, certified or support employee of Oklahoma City Public Schools, excluding, temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- You must be regularly working at least 20 hours each week
- 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 \$25,000 to a maximum of the lesser of 5 times your annual salary or \$400,000. The minimum amount you can elect is \$25,000.

If you wish to become insured for an amount of Additional Life in excess of \$150,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

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

## Spouse Coverage Amount

**You must elect Additional Life coverage for yourself in order for your *spouse* to be eligible for coverage.** This coverage is available in units of \$10,000 to a maximum of \$100,000, but not to exceed 50 percent 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 underwriting approval.

## Coverage Amount for Children

**You must elect Additional Life coverage for yourself in order for your *child(ren)* to be eligible for coverage.** You may elect \$10,000 of Dependent Life insurance for your eligible *children*. This amount may not exceed 50 percent of your Additional Life coverage. All late applications will require medical underwriting approval.

**Employee Rates**

If you elect Additional Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee Age As of last January 1	Rate (Per \$1000 of Total Coverage)
<25	\$0.06
25-29	\$0.07
30-34	\$0.08
35-39	\$0.09
40-44	\$0.14
45-49	\$0.22
50-54	\$0.33
55-59	\$0.61
60-64	\$0.66
65-69	\$1.27
70+	\$2.06

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: \_\_\_\_\_

See page 4 for additional information relating to rate calculation.

**Spouse Rates**

If you elect Additional Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee Age As of last January 1	Rate (Per \$1000 of Total Coverage)
<25	\$0.08
25-29	\$0.09
30-34	\$0.10
35-39	\$0.13
40-44	\$0.17
45-49	\$0.27
50-54	\$0.40
55-59	\$0.63
60-64	\$0.64
65-69	\$1.91
70+	\$2.99

To calculate the premium for your *spouse*:

1. Amount Elected: Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: \_\_\_\_\_

See page 4 for additional information relating to rate calculation.

**Child(ren) Rates**

Monthly rate per *member* is \$1.00 for \$10,000 of Dependents Life insurance for your eligible *children*, regardless of the number of *children* covered.

### Employee Coverage Effective Date

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

- Eligibility requirements
- An *eligibility waiting period*
- 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 1 day of *active work* as an eligible employee.

### Age Reductions

Under this plan, coverage reduces by 35 percent at age 65, 65 percent at age 70, 75 percent at age 75, 85 percent at age 80, and 90 percent at age 85. 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. This is subject to state variations.

### 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 see your human resources representative 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 your *employer'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

### Group Insurance Certificate

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.

**Employee Monthly Premium Rates**

Coverage Amount	Employee Age as of last January 1												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75-80*	85+*
\$25,000	1.50	1.75	2.00	2.25	3.50	5.50	8.25	15.25	16.50	20.64	18.03	12.88	7.73
\$50,000	3.00	3.50	4.00	4.50	7.00	11.00	16.50	30.50	33.00	41.28	36.05	25.75	15.45
\$75,000	4.50	5.25	6.00	6.75	10.50	16.50	24.75	45.75	49.50	61.91	54.08	38.63	23.18
\$100,000	6.00	7.00	8.00	9.00	14.00	22.00	33.00	61.00	66.00	82.55	72.10	51.50	30.90
\$125,000	7.50	8.75	10.00	11.25	17.50	27.50	41.25	76.25	82.50	103.19	90.13	64.38	38.63
\$150,000	9.00	10.50	12.00	13.50	21.00	33.00	49.50	91.50	99.00	123.83	108.15	77.25	46.35
\$175,000	10.50	12.25	14.00	15.75	24.50	38.50	57.75	106.75	115.50	144.46	126.18	90.13	54.08
\$200,000	12.00	14.00	16.00	18.00	28.00	44.00	66.00	122.00	132.00	165.10	144.20	103.00	61.80
\$225,000	13.50	15.75	18.00	20.25	31.50	49.50	74.25	137.25	148.50	185.74	162.23	115.88	69.53
\$250,000	15.00	17.50	20.00	22.50	35.00	55.00	82.50	152.50	165.00	206.38	180.25	128.75	77.25
\$275,000	16.50	19.25	22.00	24.75	38.50	60.50	90.75	167.75	181.50	227.01	198.28	141.63	84.98
\$300,000	18.00	21.00	24.00	27.00	42.00	66.00	99.00	183.00	198.00	247.65	216.30	154.50	92.70
\$325,000	19.50	22.75	26.00	29.25	45.50	71.50	107.25	198.25	214.50	268.29	234.33	167.38	100.43
\$350,000	21.00	24.50	28.00	31.50	49.00	77.00	115.50	213.50	231.00	288.93	252.35	180.25	108.15
\$375,000	22.50	26.25	30.00	33.75	52.50	82.50	123.75	228.75	247.50	309.56	270.38	193.13	115.88
\$400,000	24.00	28.00	32.00	36.00	56.00	88.00	132.00	244.00	264.00	330.20	288.40	206.00	123.60

\* Coverage amounts for ages 65 and over reduce due to age reductions (see Age Reductions).

**Spouse Monthly Premium Rates**

Coverage Amount	Employee Age as of last January 1												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75-80*	85+*
\$10,000	0.80	0.90	1.00	1.30	1.70	2.70	4.00	6.30	6.40	12.42	10.47	7.48	4.49
\$20,000	1.60	1.80	2.00	2.60	3.40	5.40	8.00	12.60	12.80	24.83	20.93	14.95	8.97
\$30,000	2.40	2.70	3.00	3.90	5.10	8.10	12.00	18.90	19.20	37.25	31.40	22.43	13.46
\$40,000	3.20	3.60	4.00	5.20	6.80	10.80	16.00	25.20	25.60	49.66	41.86	29.90	17.94
\$50,000	4.00	4.50	5.00	6.50	8.50	13.50	20.00	31.50	32.00	62.08	52.33	37.38	22.43
\$60,000	4.80	5.40	6.00	7.80	10.20	16.20	24.00	37.80	38.40	74.49	62.79	44.85	26.91
\$70,000	5.60	6.30	7.00	9.10	11.90	18.90	28.00	44.10	44.80	86.91	73.26	52.33	31.40
\$80,000	6.40	7.20	8.00	10.40	13.60	21.60	32.00	50.40	51.20	99.32	83.72	59.80	35.88
\$90,000	7.20	8.10	9.00	11.70	15.30	24.30	36.00	56.70	57.60	111.74	94.19	67.28	40.37
\$100,000	8.00	9.00	10.00	13.00	17.00	27.00	40.00	63.00	64.00	124.15	104.65	74.75	44.85

\* Coverage amounts for ages 65 and over reduce due to age reductions (see Age Reductions).