

# Lee County Board of County Commissioners



## Special Enrollment Opportunity for You During Your Employer's Open Enrollment, November 5, 2018 – November 16, 2018

The time you spend with your family is priceless and you wouldn't trade it for anything. But what would happen if you suddenly passed? Could your family live on the Life insurance you currently have?

To help you create a secure financial future for yourself and your loved ones, Lee County Board of County Commissioners is providing you with the opportunity to enroll or increase your Additional Life and Dependents Life insurance coverage for your spouse from Standard Insurance Company (The Standard).

- If you were enrolled in additional life for an amount less than \$250,000 under the prior plan, you may elect to increase your coverage up to \$250,000 without answering medical underwriting questions.
- If you were eligible but not enrolled in additional life under the prior plan, you may elect a coverage amount between \$25,000 - \$250,000 without answering medical underwriting questions.
- If your spouse was enrolled in dependents life for an amount less than \$50,000 under the prior plan, your spouse may elect to increase coverage up to \$50,000 without answering medical underwriting questions.
- If your spouse was eligible but not enrolled in dependents life under the prior plan, your spouse may elect a coverage amount between \$25,000 - \$50,000 without answering medical underwriting questions.
- You may elect or increase dependents life for your child(ren) in increments of \$5,000, from \$5,000 - \$25,000.

If you or your spouse enroll in coverage after your employer's special enrollment period, proof of good health may be required.

These policies have exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or terminated. Please contact The Standard or your human resources representative for additional information, including costs and complete details of coverage.

SI 14446

## Learn more and take the next step.

Before enrolling, review your **benefits summary** for additional details about the coverage, including costs, exclusions, limitations and reductions.

When you are ready to enroll, visit your human resources representative for an **enrollment form**.



Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

GP190-LIFE/S399, GP399-LIFE/TRUST  
GP899-LIFE, GP190-LIFE/A997/S399

164657  
(10/18)



**Standard Insurance Company**  
**Additional Life Coverage Highlights**  
 Lee County Board of County Commissioners

**Additional Life Insurance**

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children's education, and more in the event of your passing. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through Lee County Board of County Commissioners.

**Eligibility Requirements**

- Policy Effective Date**
  - January 1, 2019
- Employee**
  - You must be insured for Basic Life through The Standard
  - You must be an active employee of Lee County Board of County Commissioners working at least 30 hours each week
  - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
  - You cannot be insured as both an employee and a dependent
- Classes**
  - All active members in pay grades 21 and above
  - All active members in pay grades 20 and under
- Dependent**
  - You must elect Additional Life insurance for yourself in order to elect Dependents Life insurance
  - Spouse means a person to whom you are legally married
  - Child means your unmarried child from live birth through age 25
  - Your child cannot be insured by more than one employee
  - Your spouse or children must not be full-time member(s) of the armed forces
- Premium**
  - You pay 100 percent of the premium for this coverage through easy payroll deduction

**Coverage Amount Guidelines**

Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
<b>Employee</b>	\$25,000	\$1,000	\$250,000	\$500,000
<b>Spouse</b>	\$25,000	\$1,000	\$50,000	\$250,000
<b>Child</b>	\$5,000	\$5,000		\$25,000

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: [www.standard.com/mhs](http://www.standard.com/mhs).
- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- The coverage amount for your spouse cannot exceed 50 percent of employees additional Life coverage.

**Coverage Amount Needed**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: [www.standard.com/lifeneeds](http://www.standard.com/lifeneeds).

**Special Open Enrollment Period**

During Lee County Board of County Commissioners' special open enrollment period from November 5, 2018 through November 16, 2018, if you were enrolled in additional life for an amount less than \$250,000 under the prior plan, you may elect to increase your coverage up to \$250,000 without having to submit evidence of insurability. If you were eligible but not enrolled in additional life under the prior plan, you may elect coverage up to \$250,000 without having to submit evidence of insurability.

During Lee County Board of County Commissioners' special open enrollment period from November 5, 2018 through November 16, 2018, if your spouse was enrolled in dependents life for an amount less than \$50,000 under the prior plan, your spouse may elect to increase coverage up to \$50,000 without having to submit evidence of insurability. If your spouse was eligible but not enrolled in dependents life under the prior plan, your spouse may elect coverage up to \$50,000 without having to submit evidence of insurability.

**Family Status Change Privilege**

In the event of a Family Status Change, if you are enrolled in Additional Life for an amount less than \$250,000, you may elect to increase your coverage up to \$50,000, not to exceed \$250,000, without having to submit evidence of insurability should you enroll within 31 days of your Family Status Change. If you are eligible but not insured, you may enroll in Additional Life coverage up to \$50,000, should you enroll within 31 days of your Family Status Change.

Family Status Change means any of the following events:

- Your marriage or divorce
- The birth of your child
- The adoption of a child by you
- The death of your spouse and/or child
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by you or your spouse

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

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 one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

**Life Age Reductions**

Under this plan, your coverage amount reduces by your age on the last January 1 as follows: by 33 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75.

Your spouse's coverage amount reduces by your spouse's age on the last January 1 as follows: by 33 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75.

If you, or your spouse, are age 65 or over, ask your human resources representative for the amount of coverage available.

**Life Insurance Exclusions**

This plan contains 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.

**Life Insurance Features and Benefits**

Please see your human resources representative for additional information about the features and benefits below.

<b>Waiver of Premium</b>	If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Basic and Additional Life insurance may continue without premium payment until age 70 or 12 months after the date of total disability, whichever is later, provided you give us satisfactory proof that you remain totally disabled.
<b>Accelerated Benefit</b>	If you become terminally ill, you may be eligible to receive up to 100 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.
<b>Portability</b>	If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
<b>Conversion</b>	If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health.

**When Insurance Ends**

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

**Group Insurance Certificate**

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Employee Rates**

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

Employee's Age (as of last January 1)	Rate (Per \$1,000 of Total Coverage)
<30	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.16
50-54	\$0.24
55-59	\$0.45
60-64	\$0.67
65-69	\$1.31
70+	\$2.14

To calculate your premium:

1. Amount Elected: Write this amount on the Additional 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: \_\_\_\_\_

**Spouse Rates**

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

Spouse's Age (as of last January 1)	Rate (Per \$1,000 of Total Coverage)
<30	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.16
50-54	\$0.24
55-59	\$0.45
60-64	\$0.67
65-69	\$1.31
70+	\$2.14

To calculate the premium for your spouse:

1. Amount Elected: Write this amount on the Spouse 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: \_\_\_\_\_

**Child Rates**

If you elect Dependents Life insurance for your eligible child(ren), your monthly rate for this coverage is \$0.13 per \$1,000 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.



### **Standard Insurance Company**

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at [www.standard.com](http://www.standard.com).

\* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

GP190-LIFE/S399, GP399-LIFE/TRUST,  
GP899-LIFE, GP190-LIFE/A997/S399

**To Be Completed By Human Resources**

Group Number <b>164657</b>	Division	Billing Category	Date of Employment
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**To Be Completed By Applicant**

Apply for Coverage  
 Add or  Delete Dependent Date of add/delete \_\_\_\_\_

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address		City	State	ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>			Phone Number	
Employer Name <b>Lee County Board of County Commissioners</b>			Job Title/Occupation	
Hours Worked Per Week	Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			

**Coverage** Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.

**Life Insurance**

Additional Life requested amount \$ \_\_\_\_\_

**Dependents Life Insurance**

Spouse Life requested amount \$ \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child(ren) Life requested amount \$ \_\_\_\_\_

**Signature** I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

*Return completed form to your Human Resources Department.*

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance and Life with Accidental Death & Dismemberment (AD&D) Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to your Human Resources Department.

**MEMBER/EMPLOYEE INFORMATION**

Your Name (Last, First, Middle)		Date of Birth
Your Address		
City	State	Zip
Group Name <b>Lee County Board of County Commissioners</b>		Group No. <b>164657</b>

**BENEFICIARY INFORMATION**

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>
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The following designation applies to  Basic Life with AD&D **OR**  Additional Life **OR**  Both

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The following designation applies to  Basic Life with AD&D **OR**  Additional Life **OR**  Both

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Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>
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The following designation applies to  Basic Life with AD&D **OR**  Additional Life **OR**  Both

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The following designation applies to  Basic Life with AD&D **OR**  Additional Life **OR**  Both

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Signature of Member/Employee \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Department – Retain for your records.