

## SUPPLEMENTAL TERM LIFE INSURANCE for the Employees of Torrance Unified School District

<b>Eligibility</b>	<p><b>You</b> — If you are an active, full-time employee classified as Management, Board Member, Certified or Classified, regularly working a minimum of 20 hours per week, excluding those classified as Temporary or Seasonal, or an active, part-time employee regularly working less than 20 hours per week and a minimum of 10 hours per week, you will be eligible to elect coverage for yourself and dependents on the 1<sup>st</sup> of the month coincident with or next following the date of hire.</p> <p><b>Your Spouse*</b> — is eligible provided that you apply for and are approved for coverage yourself.</p> <p><b>Your Unmarried, Dependent Children</b> — Under age 26, as long as you apply for and are approved for coverage for yourself. One low premium will insure all your eligible children. No one may be covered more than once under this plan. If covered as an employee, you can not also be covered as a dependent.</p> <p><i>* For residents of California, Domestic Partner means the person is registered with the California Secretary of State as your Domestic Partner. For purposes of this brochure, wherever the term Spouse appears it includes Domestic Partner. Additional information is available from your Benefit Services Representative.</i></p>
<b>How Much Coverage Can You Buy?</b>	<p><b>You</b> — Units of \$10,000. The maximum for any employee is the lesser of 5 times your annual salary, rounded to the next higher \$10,000, or \$300,000. The guaranteed coverage amount for you is the lesser of 2 times your annual salary, rounded to the next higher \$10,000, or \$100,000.</p> <p><b>Your Spouse</b> — Units of \$5,000 to a maximum of \$100,000, not to exceed 50% of your coverage amount. The cost of coverage will be based on your spouse's age. The guaranteed coverage amount for your spouse is \$20,000, not to exceed 50% of your coverage amount.</p> <p><b>Your Unmarried, Dependent Children</b> — Flat amounts of \$2,500, \$5,000, or \$10,000. The maximum benefit for children under six months is \$100. The guaranteed coverage amount for your child/ren is \$10,000.</p>
<b>Guaranteed Coverage</b>	<p>If you are a new hire and you apply within 31 days after you are eligible to elect coverage for you and your dependents, you are entitled to choose any coverage offered up to the guaranteed coverage amount, as shown on your application, without providing evidence of good health. If you apply for an amount of coverage for yourself or your spouse greater than the guaranteed coverage amount, coverage in <u>excess</u> of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of good health.</p> <p>If you apply for coverage for yourself or your spouse more than 31 days from the date you become eligible to elect coverage under this plan, the guaranteed coverage amounts will not apply. Coverage will not be issued until the insurance company approves acceptable evidence of good health.</p>
<b>One Time Open Enrollment Event and Guaranteed Coverage</b>	<p>From July 13, 2015 to September 11, 2015, all eligible employees have the opportunity to enroll in the plan. This opportunity is open to employees only, and is available to you even if you were offered voluntary coverage in the past but did not choose to participate at that time. This enrollment opportunity is available only for a limited time and expires on September 11, 2015.</p> <p>Coverage over the guaranteed issue amount or for employee currently enrolled in the plan will not be issued until the insurance company approves acceptable evidence of good health. Evidence of good health may include a paramedical exam or physician's statement.</p>
<b>How Much Your Coverage Will Cost</b>	Please refer to your enrollment guide for this information.
<b>When You and Your Spouse Reach Age 65</b>	At age 65, providing you are still employed, coverage for you and your spouse will decrease to 65% of the benefit amount. It will decrease to 50% at age 70
<b>Exclusions</b>	This plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.
<b>Other Benefit Features</b>	<p><b>Accelerated Death Benefit – Terminal Illness</b> — Up to 80% of the death benefit (not to exceed \$288,000 for those classified as Management or Board Members and not to exceed \$260,000 for those classified as Certified, Classified or part-time employees regularly working a minimum of 10 hours per week), when combined with your basic and voluntary benefit, may be advanced to the insured who is diagnosed with a terminal illness (life expectancy 12 months or less) by two unaffiliated physicians. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.</p> <p><b>Annual Enrollment Period</b> — Each year you have the opportunity to enroll in the plan or increase your supplemental coverage. We do not require evidence of good health for increases equal to one unit of \$10,000 up to the guaranteed issue amount.</p>

<b>Other Benefit Features – cont'd.</b>	<p><b>Continuation for Disability for Employees Age 60 or Over</b> – If your active service ends due to disability, at age 60 or over, your coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 9 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.</p> <p><i>"Regular Occupation" means your occupation, as routinely performed in the general labor market, at the time your disability begins.</i></p> <p><b>Extended Death Benefit with Waiver of Premium</b> – If you become disabled prior to age 60, and die before it is determined if you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify and have insured your spouse or children, their coverage is also extended. No additional premium payment is required for the extended coverage. You are considered disabled if, because of injury or sickness, you are unable to perform the material duties of your Regular Occupation, as defined above, or you are receiving disability benefits under your Employer's plan.</p> <p><b>Waiver of Premium</b> – If you are totally disabled prior to age 60 and can't work for at least 6 months, you won't need to pay premiums for your coverage while you are disabled, provided we approve you for this benefit. Totally disabled means you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 70 subject to proof of continuing disability each year. If you qualify and have insured your spouse or children, premium for their coverage is also waived.</p> <p><b>Rehabilitation During a Period of Disability</b> – If the insurance company determines that you are a suitable candidate for rehabilitation, the insurance company may require you to participate in an assessment and rehabilitation plan, not to exceed 18 months. A rehabilitation plan may consist of educational, vocational or physical rehabilitation or may include modified work or work on a part-time basis. If you refuse such assistance without good cause (a medical reason preventing participation, in whole or in part, in the rehabilitation plan), insurance under this plan will end.</p>
<b>When Your Coverage Begins and Ends</b>	<p>The date your coverage begins is called its "effective date." Your employer will let you know the effective date of your coverage. If you are not actively at work on the effective date of coverage, your coverage will not begin until you return to work. For coverage for your spouse and/or children to be effective, they must not be hospitalized or confined at home under the care of a doctor. Your coverage cannot be terminated as long as you remain eligible, the premium is paid and the group policy remains in force. For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible.</p> <p><b>Portability Feature</b> – This plan allows you to continue all of your supplemental coverage if you leave your employer. Premiums may change at this time. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer. Coverage may be continued for you and your spouse until age 99. Coverage may also be continued for your children. As long as the group policy remains in force, the option of continuing this coverage is available.</p>
<b>Apply Today</b>	<p>You must complete an application form. Be sure to answer all questions accurately.</p>
<b>Payroll Deduction</b>	<p>Premiums are paid through payroll deduction.</p>
<b>Questions?</b>	<p>For assistance in completing your enrollment form, call 1-800-732-1603 toll-free during weekdays from 8 a.m. to 6 p.m. Eastern time.</p>

*This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLI-960177, on Policy Form TL-004700, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Services Industry. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.*

*Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192*



CLASSES 1, 2 & 3  
06/2015

**BENEFICIARY DESIGNATION FORM**  
Life Insurance Company of North America



Employer Name Torrance Unified School District  
Employee Name \_\_\_\_\_ Employee Social Security # \_\_\_\_\_  
Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ *please enter all dates in mm/dd/yyyy format*

**Primary and Contingent Beneficiaries** – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

**Basic Term Life Insurance, Life Insurance Company of North America - Policy No. FLI-960177**

Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

**Voluntary Term Life Insurance, Life Insurance Company of North America - Policy No. FLI-960177**

Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

**Voluntary Term Life Insurance, Life Insurance Company of North America - Policy No. FLI-960177**

Spouse's/Domestic Partner's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Spouse's/Domestic Partner's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

**Voluntary Term Life Insurance, Life Insurance Company of North America - Policy No. FLI-960177**

Child(ren)'s Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

**Basic Accident Insurance, Life Insurance Company of North America - Policy No. OK-966417**

Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

If you need additional space using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

**Note: This form is not complete without your signature. Please sign the form where indicated.**

**Community Property Laws** - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### GUIDELINES FOR DESIGNATION OF BENEFICIARIES

**General** - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

**Minors** - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

**Trust as Beneficiary** - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

**Life Status Changes** - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

**See an Attorney!** The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

**VOLUNTARY LIFE INSURANCE RATES \$1,000 – Tenthly rates**

Benefit	Premium Rate
Voluntary Child	\$0.24

**VOLUNTARY LIFE INSURANCE STEP RATES \$1,000 FOR EMPLOYEE/SPOUSE**  
**Rates are Tenthly**

Age	Employee	Spouse
<20	\$0.04	\$0.04
20-24	\$0.04	\$0.04
25-29	\$0.04	\$0.04
30-34	\$0.06	\$0.06
35-39	\$0.07	\$0.07
40-44	\$0.11	\$0.11
45-49	\$0.17	\$0.17
50-54	\$0.276	\$0.276
55-59	\$0.48	\$0.48
60-64	\$0.78	\$0.78
65-69	\$1.08	\$1.08
70-74	\$1.75	
75 >	\$2.47	

**Rates are guaranteed for 3 years with an additional 12 months renewal rate pass effective 10/1/15 contingent on a Permissible Loss Ratio (PLR) of 83% or less (combined for Basic and Voluntary Life) and an additional 12 months renewal rate pass effective 10/1/16 contingent on a Permissible Loss Ratio (PLR) of 83% or less (combined for Basic and Voluntary Life).**

We allow reimbursement of up to \$5,000 for additional marketing and communications of the Basic Life, Basic AD&D, Voluntary Life and LTD plans. An invoice must be submitted to Cigna for reimbursement

# PORTED LIFE INSURANCE STEP RATES PER \$1,000 FOR EMPLOYEE AND SPOUSE

Less than age 17	0.153
17	0.151
18	0.148
19	0.146
20	0.144
21	0.142
22	0.141
23	0.142
24	0.143
25	0.143
26	0.146
27	0.147
28	0.148
29	0.153
30	0.155
31	0.161
32	0.167
33	0.175
34	0.177
35	0.180
36	0.181
37	0.183
38	0.185
39	0.190
40	0.187
41	0.196
42	0.209
43	0.225
44	0.243
45	0.261
46	0.285
47	0.317
48	0.351
49	0.384
50	0.500
51	0.544
52	0.597
53	0.657
54	0.726
55	0.863
56	0.965

57		1.086
58		1.211
59		1.347
60		1.571
61		1.771
62		1.977
63		2.213
64		2.461
65		2.749
66		3.067
67		3.383
68		3.716
69		4.065
70	-	4.485
71	-	4.914
72	-	5.343
73	-	5.725
74	-	6.143
75	-	6.645
76	-	7.180
77	-	7.906
78	-	8.855
79	-	9.792
80	-	10.649
81	-	11.787
82	-	12.934
83	-	14.108
84	-	15.523
85	-	17.025
86	-	18.498
87	-	20.252
88	-	22.171
89	-	24.106
90	-	26.324
91	-	28.788
92	-	30.939
93	-	33.456
94	-	36.119
95	-	38.938
96	-	41.715
97	-	44.763
98	-	47.696
99	-	51.278

Rates for ported insureds are based on the company's pooled experience for ported certificates and are higher than active employee rates. Rates for ported insureds are renewed annually and are not subject to any rate guarantee proposed for active employees.