



### **Additional Life Insurance**

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through American Health Enterprises. 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.

### **Employer Plan Effective Date**

The group policy effective date is January 1, 2009. American Health Enterprises will provide Basic Life coverage from The Standard. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount.

### **Eligibility**

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active employee of American Health Enterprises, excluding Chief Executive Officer, temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- You must be regularly working at least 30 hours each week
- For Dependents Life insurance – Your spouse or children must not be full-time member(s) of the armed forces

### **Employee Coverage Amount**

You may elect Additional Life coverage in units of \$25,000 to a maximum of \$100,000.

Dependents Life insurance from Standard Insurance Company is also available with this plan. However, you must elect Additional Life insurance for yourself in order to elect Dependents Life insurance.

### **Spouse Coverage Amount**

You may elect \$10,000 of Dependents Life Insurance for your spouse. All late applications will be subject to medical underwriting approval.

### **Coverage Amount for Children**

You may elect \$2,500 of Dependents Life Insurance for your spouse. All late applications will be subject to medical underwriting approval.

Child means your child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution).

**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's Age (as of last January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.05
30-34	\$0.08
35-39	\$0.11
40-44	\$0.14
45-49	\$0.31
50-54	\$0.23
55-59	\$0.87
60-64	\$1.43
65-69	\$2.19
70-74	\$3.21
75+	\$5.87

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 premium rate for this coverage 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 \$1000 of Total Coverage)
<30	\$0.05
30-34	\$0.08
35-39	\$0.11
40-44	\$0.17
45-49	\$0.31
50-54	\$0.53
55-59	\$0.87
60-64	\$1.43
65-69	\$2.19
70-74	\$3.21
75+	\$5.87

To calculate the premium for your spouse:

1. Amount Elected. Line 1: \$10,000
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(ren) Rates**

If you elect Dependents Life insurance for your eligible child(ren), your monthly premium rate for this coverage is \$0.43 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

### 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 (check with your human resources representative)
- An evidence of insurability requirement, if applicable
- 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 one full day of active work as an eligible employee.

### Age Reductions

Under this plan, coverage reduces to 65 percent at age 65, to 40 percent at age 70, to 25 percent at age 75, and to 15 percent at age 80. 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 American Health Enterprises' 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 or legal separation
- 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.