

Plan Highlights Group Voluntary Term Life Insurance



Tangipahoa Parish School Board Voluntary Life and AD&D

ELIGIBILITY

Employees: Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You or your spouse must be insured in order for Dependent children to be covered.
Dependents are:

- Your legal spouse under age 70.
- Your unmarried financially dependent children* age 14 days to 20 years (to 26 years if full-time student).

*natural and adopted children upon finalization of adoption; stepchildren and foster children living with you.
Upper age limits do not apply to handicapped children.

A person may not have coverage as both an Employee and Dependent.

Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Employee and Spouse: Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse. The benefit amounts chosen need not be the same.

Eligible Dependent Child(ren): Age 14 days to 6 months: \$1,000
Age 6 months to 20 years of age (26, if full-time student): choice of
Option 1: \$5,000 Option 2: \$10,000

Choose one benefit amount for all eligible children in family.

GUARANTEE ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee:

Under age 60: \$200,000
Age 60 but under age 70: \$10,000
Age 70 or older: none

Spouse:

Under age 60: \$80,000
Age 60 or older: none

Guarantee Issue is subject to underwriting rules and is not available in all circumstances.

CONTRIBUTION REQUIREMENTS

Coverage is employee paid.

BENEFIT REDUCTION DUE TO AGE

Age Original Benefit Reduced to:

75	60%
80	35%
85	27.5%
90	20%
95	7.5%
100	5%

FEATURES

- Conversion Privilege
- Portability
- Waiver of Premium

EXCLUSIONS

Death by suicide is not covered during the first two years an insured's insurance is in force. Insurance coverage is incontestable after it has been in force two years during the insured's lifetime, except for non-payment of premium.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8349, et al.