



ESC Region XI Cooperative #GFZ05049 - BENEFITS AT A GLANCE

Your Basic and Voluntary Life Insurance benefits are provided by Fort Dearborn Life Insurance Company. Below is a summary of the benefits available to you:

BASIC GROUP TERM LIFE/AD&D

Any full-time, active employee working at least 20 hours per week is eligible for Basic Group Term Life and Accidental Death and Dismemberment (AD&D). Coverage is equal to the following:

Class I: \$10,000 - All full-time, active employees of Alvord, Argyle, Arlington Classics Academy, Bluff Dale, Campbell, Chico, Cumberland Academy, Dell City, Dublin, East Fort Worth Montessori, Era, Evolution Academy, Graford, Garner, Huckabay, Jean Massieu Academy, Kennedale, Lake Dallas, Leadership Preparator Academy, Legends Academy, Lindsay, Lingleville, Lipan, Millsap, Morgan Mill, Newman International, Palmer, Phoenix Charter School, S&S Consolidated ISD, Sivells Bend, Three Way, Tree Tops, Trinity Basin, Van Alstyne, Valley View, Walnut Bend or Whitesboro ISD's

Class II: \$30,000 – All full-time, active employees of Metro Academy of Math and Science or Stephenville ISD

Your Employer pays the entire cost of this coverage. Coverage reduces to 65% upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement.

VOLUNTARY GROUP TERM LIFE

Any full-time, active employee and their spouse are eligible to elect Voluntary Life coverage for themselves and their eligible dependents within 31 days of their initial eligibility period. Employee and Spouse benefits are available in \$10,000 increments to a maximum of \$500,000. The employee benefit amount, combined with basic life insurance benefit, may not exceed seven times the employee's annual salary. **The amount of coverage elected for a dependent cannot exceed the employee's benefit amount. Employee and Spouse Voluntary Term Life coverage reduces to 65% of the original amount upon attainment of age 65 and to 50% of the original amount upon attainment of age 70. Reductions due to attained age and premium rates for Spouse Term Life will be based on the Spouse's age.**

Guaranteed Issue:	Employee	\$230,000
	Spouses	\$50,000

Employees and /or Spouses who do not enroll within their initial eligibility period no longer have a Guaranteed Issue and Must provide Evidence of Insurability for the full amount applied for.

During annual enrollment each year, employees and spouses who were timely enrollees are eligible to increase their coverage by \$10,000 up to the guarantee issue amount without submitting evidence of insurability.

Dependent Child amounts:

Age 15 days to 6 months	\$100
Age 6 months to age 25	\$5,000 (\$0.90 per family) or \$10,000 (\$1.80 per family)

This summary is for illustrative purposes only and does not constitute a contract. The full terms and conditions of the coverage you select will be contained in the policies provided to Region XI Employee Benefit Cooperative. If there is any discrepancy between this benefit description and the policy the terms of the policy will control.

Monthly Employee or Spouse Voluntary Term Life Premium

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
10,000	\$ 0.60	\$ 0.80	\$ 0.90	\$ 1.10	\$ 1.60	\$ 2.70	\$ 4.30	\$ 6.80	\$ 12.70	\$ 20.60	\$ 30.50
20,000	1.20	1.60	1.80	2.20	3.20	5.40	8.60	13.60	25.40	41.20	61.00
30,000	1.80	2.40	2.70	3.30	4.80	8.10	12.90	20.40	38.10	61.80	91.50
40,000	2.40	3.20	3.60	4.40	6.40	10.80	17.20	27.20	50.80	82.40	122.00
50,000	3.00	4.00	4.50	5.50	8.00	13.50	21.50	34.00	63.50	103.00	152.50
60,000	3.60	4.80	5.40	6.60	9.60	16.20	25.80	40.80	76.20	123.60	183.00
70,000	4.20	5.60	6.30	7.70	11.20	18.90	30.10	47.60	88.90	144.20	213.50
80,000	4.80	6.40	7.20	8.80	12.80	21.60	34.40	54.40	101.60	164.80	244.00
90,000	5.40	7.20	8.10	9.90	14.40	24.30	38.70	61.20	114.30	185.40	274.50
100,000	6.00	8.00	9.00	11.00	16.00	27.00	43.00	68.00	127.00	206.00	305.00
110,000	6.60	8.80	9.90	12.10	17.60	29.70	47.30	74.80	139.70	226.60	335.50
120,000	7.20	9.60	10.80	13.20	19.20	32.40	51.60	81.60	152.40	247.20	366.00
130,000	7.80	10.40	11.70	14.30	20.80	35.10	55.90	88.40	165.10	267.80	396.50
140,000	8.40	11.20	12.60	15.40	22.40	37.80	60.20	95.20	177.80	288.40	427.00
150,000	9.00	12.00	13.50	16.50	24.00	40.50	64.50	102.00	190.50	309.00	457.50

VOLUNTARY GROUP Accidental Death and Dismemberment (AD&D)

Any full-time, active employee is eligible to elect Voluntary AD&D coverage. Evidence of Insurability is not required for Voluntary AD&D coverage.

The **Individual Plan** covers you in the event of accidental death or dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. The cost for this coverage is \$0.04 per \$1,000 of benefit.

The **Family Plan** covers you and your eligible dependents in the event of accident or dismemberment. Employee amounts are available in \$10,000 increments to a maximum of \$500,000. The spouse benefit is equal to 50% of the employee amount, and the child benefit is equal to 10% of the employee amount. The cost for this coverage is \$0.07 per \$1,000 of benefit.

Coverage reduces to 65% of the original amount upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement.



Your Basic and Voluntary Group Term Life coverage automatically includes:

Waiver of Premium: Your term life coverage may continue to age 65 at no cost to you if you become totally disabled prior to age 60, subject to the requirements of this benefit.

Accelerated Death Benefit: If you are diagnosed with a Terminal Condition which with reasonable medical certainty will result in your death within 12 months, you may choose to accelerate up to 50% of your group term life insurance amount. This sum is limited to a maximum of \$150,000 and a minimum of \$7,500. The amount of the accelerated payment will reduce the death benefit payable under the term life coverage by the amount of the requested payment.

Conversion Option (applies to Basic and Voluntary Term Life): Should you leave your employment with ESC Region XI Cooperative, you may convert your term life coverage to an individual whole life insurance policy. The request to convert must be made within 31 days following termination of coverage.

Portability Option (applies to Voluntary Term Life only): Should you leave your employment with ESC Region XI Cooperative, you may port your term life coverage for as long as the group policy is in force. The request to port must be made within 31 days following termination of coverage. Upon termination of the group policy, you will have the option to convert your coverage so long as the request is received within 31 days of the group's termination.