

Elect group life insurance today!



This summary is designed to help you better understand your group life insurance benefits offered by the County of Volusia and underwritten by Minnesota Life Insurance Company.

Why do I need life insurance?

Group Term Life insurance provides a base level of protection that can be enhanced by personal savings, individual life insurance and Social Security benefits. This coverage will help protect your family against the unexpected loss of your life and income during your working years.

What is included in my life insurance plan?

Beyond paying a benefit in the event of your death, your group life insurance plan has other important features:

- **Waiver of premium** – If you become disabled before age 60, your life insurance premiums may be waived.
- **Accelerated Death Benefit** – If you become terminally ill with a life expectancy of 12 months or less, you may request early payment of up to 100 percent of the life insurance amount.

Can I take my coverage with me if I leave the County?

If you are no longer eligible for coverage as an active employee, you may port your supplemental and dependent life insurance coverage or you may convert your life coverage to an individual life insurance policy. Premiums may be higher than those paid by active employees.

What additional services are available?

You pay no additional premiums to access the following tools and services:

- **Legacy Planning Services** – Active and retired employees, spouses and dependents can access resources designed to help individuals and families work through end-of-life issues when dealing with the loss of a loved one or planning for their own passing. These resources are available at LegacyPlanningServices.com.
- **Beneficiary Financial Counseling** – Beneficiaries who receive at least \$25,000 in policy benefits may choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP.



Guaranteed coverage available

As a newly eligible employee, you may purchase additional life for yourself, your spouse and your children. The following amounts of coverage guaranteed – no Evidence of Insurability (EOI) is required – if elected within your initial 31-day eligibility period.

Choose from the following coverages:

- **For you:** Up to \$30,000
- **For your spouse:** \$10,000
- **For your children:** Up to \$20,000

Act fast! This offer is only available during your initial 31-day eligibility period.

Questions?

Contact your Human Resources department.

Coverage options at a glance

Evidence of Insurability (EOI) is required for any increases above the guaranteed issue amounts or if coverage is elected outside of the initial 31-day eligibility period.

Coverage type	Coverage options	Additional information
Supplemental Term Life	<ul style="list-style-type: none"> \$10,000 increments Maximum coverage is \$500,000 	<ul style="list-style-type: none"> Elect up to \$30,000 without providing EOI
Spouse Term Life	<ul style="list-style-type: none"> \$10,000 increments Maximum is the lesser of 100 percent of the employee's Supplemental Term Life coverage or \$500,000 	<ul style="list-style-type: none"> Elect \$10,000 without providing EOI Employee's participation in the Supplemental Term Life plan is required to cover spouse
Child Term Life	<p>Age 14 days to six months</p> <ul style="list-style-type: none"> \$500 <p>Age six months and older</p> <ul style="list-style-type: none"> \$2,000 increments to a maximum of \$20,000 	<ul style="list-style-type: none"> Elect up to \$20,000 without providing EOI Employee's participation in the Supplemental Term Life plan is required to cover children

Cost of coverage

Employee and Spouse Supplemental Term Life

Biweekly rates per \$10,000 of coverage per pay period

Age	Employee	Spouse
Under 30	\$0.28	\$0.28
30-34	0.42	0.37
35-39	0.46	0.42
40-44	0.65	0.60
45-49	1.06	0.92
50-54	1.75	1.52
55-59	2.63	2.17
60-64	3.97	3.55
65-69	5.86	5.86
70-74	9.51	-
75-79	12.55	-
80 and over	18.83	-

Employee and spouse rates increase with age and all rates are subject to change.

Child Term Life

\$0.12 per \$2,000 per pay period

Calculate your new cost

Total coverage requested: \$ _____

Convert coverage to units:

\$ _____ ÷ \$10,000 = _____

Multiply units by your rate:

_____ x \$ _____

Your monthly premium is: \$ _____

Services provided by PricewaterhouseCoopers LLP are their sole responsibility. The services are not affiliated with Minnesota Life or its group contracts and may be discontinued at any time.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life to the County of Volusia. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations, and terms of coverage.

Products offered under policy form series MHC-96-13180.9.

Minnesota Life Insurance Company

A Securian Company

Group Insurance

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