

VOLUNTARY TERM LIFE AND AD&D INSURANCE BENEFITS SUMMARY



For Employees of City of Fargo

ELIGIBILITY – CLASS 01 : ALL ELIGIBLE EMPLOYEES

Employee Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage. This does not apply if you are currently enrolled in the plan.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility). This exclusion does not apply to dependents that are currently enrolled in the plan.
Minimum Work Hours	You must be working a minimum of 20 hours per week to be eligible for coverage.
Coverage Payment	You pay 100% of the premium for this coverage through easy payroll deduction.

COVERAGE GUIDELINES

	Employee	Spouse*	Child(ren)**
Minimum	\$10,000	\$5,000	\$10,000
Maximum	\$200,000	\$100,000	\$10,000
	*Spouse amount cannot exceed 50% of employee amount. *Guaranteed issue amount is \$50,000, for timely entrant. Late entrant must have underwriting approval. *Must have underwriting approval for any amount over \$50,000. **Employee must have at least \$20,000 in order to cover children.		

BENEFITS

Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent child(ren). Children include those 14 days old, up to age 22 (26 if a full-time student.)</p> <p><i>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i></p>
Accidental Death & Dismemberment (AD&D) Benefit Amount	For you, your spouse and dependent child(ren): The Principal Sum amount is equal to the amount of life insurance benefit.

FEATURES

Living Care/ Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$100,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by additional benefits described in the “Additional AD&D Information” section.
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

AGE REDUCTIONS AND LIFE INSURANCE EXCLUSIONS

Your life insurance benefits are subject to age reductions, which typically begin around age 70. Additional information will be included in the summary of coverage, which you will receive after enrolling. Please contact your employer if you have questions prior to enrolling. Spouse coverage terminates at age 70. Coverage terminates at retirement.

Life insurance benefits will not be paid if the insured’s death is the result of suicide within one year from the date of issue (the date coverage begins) of this coverage. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INFORMATION

AD&D BENEFIT SCHEDULE

The AD&D Benefit is paid if an employee (or dependent, if covered) is injured as a result of an accident, and that injury is independent of sickness and all other causes. Benefits are paid as indicated below:

Loss	Benefit
<ul style="list-style-type: none">▪ Life▪ Both hands, both feet or entire sight of both eyes▪ One hand and one foot▪ One hand and entire sight of one eye▪ One foot and entire sight of one eye▪ Speech and hearing (both ears)	Principal Sum
<ul style="list-style-type: none">▪ One hand, one foot or entire sight of one eye▪ Speech or hearing (both ears)	One-half of the Principal Sum
<ul style="list-style-type: none">▪ Loss of thumb and index finger of same hand	One-fourth of the Principal Sum

ADDITIONAL AD&D BENEFITS

- **Seat Belt** - Provides a benefit equal to 10% of the Principal Sum, up to \$50,000.
- **Airbag** - Provides a benefit equal to 10% of the Principal Sum, up to \$50,000.

AD&D EXCLUSIONS

We will not pay for any loss which:

- Results from intentionally self-inflicted injury or sickness, suicide or attempted suicide.
- Results from participation in a riot or in the commission of a felony.
- Results from an act of declared or undeclared war or armed aggression.
- Is incurred while the covered person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable.
- Is caused by intentional, self-infliction of carbon monoxide poisoning emanating from a motor vehicle.
- Is caused by the covered person while intoxicated or under the influence of any controlled drug.
- Results in injuries the covered person receives while riding in any aircraft engaged in racing, endurance tests, or acrobatic or stunt flying.

Note: Additional information about the exclusions for AD&D coverage will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. AD&D Policy Form Number 7000GM-M-EZ 2001.

COVERAGE SELECTION AND PREMIUM CALCULATION

To select your coverage amount/benefit and calculate your monthly premium, do the following:

- 1) Locate the benefit amount you want to select from the top row of the employee premium table.
- 2) Find your age as of January 1, 2012, in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) If you currently have coverage, you may increase it by \$10,000 without health questions. New coverage, or an increase of more that \$10,000 will require medical qualification.

EMPLOYEE COVERAGE

Employee Monthly Premium Table										
AGE	\$10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$100,000
0 – 34	.70	1.40	2.10	2.80	3.50	4.20	4.90	5.60	6.30	7.00
35 – 39	.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
40 – 44	1.20	2.40	3.60	4.80	6.00	7.20	8.40	9.60	10.80	12.00
45 – 49	1.90	3.80	5.70	7.60	9.50	11.40	13.30	15.20	17.10	19.00
50 – 54	2.90	5.80	8.70	11.60	14.50	17.40	20.30	23.20	26.10	29.00
55 – 59	4.50	9.00	13.50	18.00	22.50	27.00	31.50	36.00	40.50	45.00
60 – 64	7.00	14.00	21.00	28.00	35.00	42.00	49.00	56.00	63.00	70.00
65 – 69	12.20	24.40	36.60	48.80	61.00	73.20	85.40	97.60	109.80	122.00
70 +	Contact Human Resources for rates.									
	\$110,000	\$ 120,000	\$ 130,000	\$ 140,000	\$ 150,000	\$ 160,000	\$ 170,000	\$ 180,000	\$ 190,000	\$ 200,000
0 – 34	7.70	8.40	9.10	9.80	10.50	11.20	11.90	12.60	13.30	14.00
35 – 39	8.80	9.60	10.40	11.20	12.00	12.80	13.60	14.40	15.20	16.00
40 – 44	13.20	14.40	15.60	16.80	18.00	19.20	20.40	21.60	22.80	24.00
45 – 49	20.90	22.80	24.70	26.60	28.50	30.40	32.30	34.20	36.10	38.00
50 – 54	31.90	34.80	37.70	40.60	43.50	46.40	49.30	52.20	55.10	58.00
55 – 59	49.50	54.00	58.50	63.00	67.50	72.00	76.50	81.00	85.50	90.00
60 – 64	77.00	84.00	91.00	98.00	105.00	112.00	119.00	126.00	133.00	140.00
65 – 69	134.20	146.40	158.60	170.80	183.00	195.20	207.40	219.60	231.80	244.00
70 +	Contact Human Resources for rates.									

SPOUSE & CHILDREN COVERAGE

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your Spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000 (ex. \$15,000, \$20,000 or \$25,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.

Spouse Monthly Premium Table										
(Rates based on Employee age; Spouse coverage cannot exceed 50% of employee amount)										
	\$5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0 – 34	.35	.70	1.05	1.40	1.75	2.10	2.45	2.80	3.15	3.50
35 – 39	.40	.80	1.20	1.60	2.00	2.40	2.80	3.20	3.60	4.00
40 – 44	.60	1.20	1.80	2.40	3.00	3.60	4.20	4.80	5.40	6.00
45 – 49	.95	1.90	2.85	3.80	4.75	5.70	6.65	7.60	8.55	9.50
50 – 54	1.45	2.90	4.35	5.80	7.25	8.70	10.15	11.60	13.05	14.50
55 – 59	2.25	4.50	6.75	9.00	11.25	13.50	15.75	18.00	20.25	22.50
60 – 64	3.50	7.00	10.50	14.00	17.50	21.00	24.50	28.00	31.50	35.00
65 – 69	6.10	12.20	18.30	24.40	30.50	36.60	42.70	48.80	54.90	61.00

All Children Monthly Premium Table*	
(Employee must have at least \$20,000 of coverage in order to cover children)	
	\$10,000
Rate	\$ 1.10

*Regardless of how many dependent children you have, they are included in the "All Children" premium amounts listed in the table above.

If you would like to calculate the total premium for your Voluntary Term Life with AD&D benefits (for your own information), enter the appropriate premium amounts below and add them to obtain a total.

	+		+		=	
Employee Premium		Spouse Premium		Child(ren) Premium		Total Monthly Premium