

## Plan Highlights

### Group Supplemental & Dependent Life / AD&D Insurance



#### Unified School District 495 Fort Larned

#### ELIGIBILITY

As defined by the Employer.

**Dependents:** You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you;
- ▶ Your legally-recognized domestic or civil union partner;
- ▶ Your unmarried financially dependent children birth to 26 years;
- ▶ A person may not have coverage as both an Employee and Dependent;
- ▶ Only one insured spouse may cover dependent children;

#### BENEFIT AMOUNT

**Supplemental Life:** Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments not to exceed 5 times salary

**Spouse:** Choose from a minimum of \$5,000, a maximum of \$100,000 in \$5,000 increments, not to exceed 50% of employee amount.

**Child(ren):** Birth to age 26 years: Option of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000.

#### GUARANTEED ISSUE

Initial eligibility period only

**Employee:** \$100,000

**Spouse:** \$25,000

**Child(ren):** \$10,000

#### FEATURES

- ▶ Accelerated Death Benefit
- ▶ Air Bag Benefit
- ▶ Conversion Privilege
- ▶ Education Benefit
- ▶ FMLA/MSLA Extension
- ▶ Portability
- ▶ Seat Belt Benefit
- ▶ Waiver of Premium
- ▶ Coma Benefit
- ▶ Day Care Benefit

#### AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%
For Total Loss of	Amount Payable
Both Arms and Both Legs	100%
Both Arms and One Leg or Both Legs and One Arm	75%
Both Arms	67%
Both Legs	67%
One Arm and One Leg	67%
One Arm or One Leg	50%

#### BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
65	65%
70	50%

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### VALUE-ADDED SERVICES

- ▶ Travel Assistance Services



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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6422, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

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