## Voluntary Term Life and AD&D Insurance Benefits Summary



For Employees of City of New	Норе							
ELIGIBILITY - ALL ELIGIBLE								
Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.							
Minimum Work Hours	You must be working a minimum of 40 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							
Minimum	\$10,000							
Maximum	5X annual salary, up to							
Maximum	\$100,000							
Guarantee Issue Amount	5X annual salary, up to \$100,000							
insurability. Guarantee Issue is availabl application/evidence of insurability. For	below, Guarantee Issue means the amount of insurance applied for which does not require evidence of le to New Hires only. For New Hires, coverage amounts over the Guarantee Issue Amount will require a health r Late Entrants, all coverage amounts will require a health application/evidence of insurability.							
Benefits								
	Within the coverage guidelines defined above, you select the amount of life insurance							
Life Insurance Benefit Amount	coverage you want.							
	Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living							
	<ul><li><i>care/accelerated death benefits previously paid under this plan</i></li><li>For you: The Principal Sum amount is equal to the amount of life insurance benefit.</li></ul>							
Accidental Death &								
Dismemberment (AD&D)	AD&D coverage is available if you are injured or die as a result of an accident, and							
Benefit Amount	the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the							
	Principal Sum.							
Features								
Living Care/Accelerated Death	75% of the amount of the life insurance benefit is available to you if terminally ill, not							
Benefit	to exceed \$100,000.							
	If it is determined that you are totally disabled, your life insurance benefit will							
Waiver of Premium	continue without payment of premium, subject to certain conditions.							
	If you enroll for even the minimum amount of coverage during your initial							
Annual Benefit Amount	enrollment, you have the ability to enroll for additional coverage at your next							
Increase	enrollment, up to the Guarantee Issue Amount. This feature allows you to secure							
	additional life insurance protection in the event your needs change (ex. you get married or have a child).							
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits:							
Auditional AD&D Denents	- Seat Belt - Airbag - Common Carrier							
	The portability feature allows you to continue this insurance for yourself and your							
Portability	dependents (if applicable) should your employment end, subject to the terms of							
1 or cabiney	eligibility defined in the policy, without having to provide evidence of insurability							
	(information about your health).							
Commission	If your employment ends, you may apply for an individual life insurance policy from							
Conversion	Mutual of Omaha without having to provide evidence of insurability (information							
Note: Additional information about the b	about your health). You will be responsible for the premium for the coverage. enefits and features of this plan will be included in the summary of coverage, which you will receive after							
	available from your employer. Please contact your employer if you have questions prior to enrolling.							

## AGE REDUCTIONS AND EXCLUSIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70, amounts reduce to 40%. At age 75+, amounts reduce to 25%. Coverage terminates at retirement.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years 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.

Information about the AD&D exclusions for this plan 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.

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 7000M-M-EZ 2001.

## VOLUNTARY TERM LIFE AND AD&D COVERAGE SELECTION AND PREMIUM CALCULATION

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

## To select your benefit amount and calculate your premium, do the following:

- Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000 (ex. \$10,000, \$20,000, or \$50,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket 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) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than \$100,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Employee Premium Table (24 Payroll Deductions Per Year)											
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	
0 - 29	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00	
30 - 34	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	
35 - 39	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00	
40 - 44	\$0.95	\$1.90	\$2.85	\$3.80	\$4.75	\$5.70	\$6.65	\$7.60	\$8.55	\$9.50	
45 - 49	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00	
50 - 54	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00	
55 - 59	\$4.00	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00	\$40.00	
60 - 64	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00	\$26.40	\$30.80	\$35.20	\$39.60	\$44.00	
65 - 69	\$8.35	\$16.70	\$25.05	\$33.40	\$41.75	\$50.10	\$58.45	\$66.80	\$75.15	\$83.50	
70 - 74	\$15.05	\$30.10	\$45.15	\$60.20	\$75.25	\$90.30	\$105.35	\$120.40	\$135.45	\$150.50	
75+	\$77.15	\$154.30	\$231.45	\$308.60	\$385.75	\$462.90	\$540.05	\$617.20	\$694.35	\$771.50	