



Group Life Insurance Benefit Summary

Group #: 026480, Mawseco Coop District 938

Policy: Madison National Life Insurance Company, Inc., 3335 **Original Effective Date:** 2/1/1997

| Class # | Class Title and Eligibility (Minimum Hour Requirement) | Basic Life and AD&D | Dependent Life |
|---------|-------------------------------------------------------------------------------|---------------------|----------------|
| 01 | Business Manager (30 hours per week) | \$100,000 | Yes |
| 02 | Management and Licensed Personnel (30 hours per week) | \$75,000 | Yes |
| 03 | Classified Staff (30 hours per week) | \$50,000 | Yes |
| 04 | Special Education Coordinator/Supervisors (30 hours per week) | \$100,000 | Yes |
| 05 | Part-Time Management & Licensed Personnel (20 hours per week) | \$75,000 | Yes |
| 06 | Part-Time Special Education Coordinator/Supervisors (20 hours per week) | \$100,000 | Yes |
| 07 | Director (30 hours per week) | \$150,000 | Yes |
| 08 | Administrative Assistants (30 hours per week) | \$75,000 | Yes |

| | |
|---------------------------------------------------------------------|----------------------------------------------------------------------|
| Dependent Life Child Limiting Age: 19 or 23 if full-time student | Spouse \$2,000 Infant \$100 Child \$1,000 |
|---------------------------------------------------------------------|----------------------------------------------------------------------|

| | |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility/Effective Date of Individual Coverage | First of month following Date of employment |
| Employee Contribution | Life Classes 01-04, 07-08: 0% Classes 05-06: Pro-rated based on full-time equivalency Dependent 100% |

| | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Participation Requirement</p> | <p>Life Classes 01-04, 07-08: 100% Classes 05-06: 0% Dependent 0% LOB: DLF Effective Date: 02/01/2021 Participation calculation: $29/100 = 29.00\%$</p> <p>The following participation requirements have not been met for Joinder Participation: The enrolled total: 29.00% is less than the required EOI participation: 30.0% Classes: 05, 06 Class Description: PART-TIME MANAGEMENT & LICENSED PERSONNEL, PART-TIME SPECIAL EDUCATION COORDINATOR/SUPERVISORS LOB: LIF Effective Date: 02/01/2021 Participation calculation: $2/2 = 100.00\%$</p> <p>Participation requirements have been met.</p> |
| <p>Reduction Schedule</p> | <p>Life Basic Life and Basic AD&D Insurance reduces to 50% upon attainment of age 70 and terminates at retirement. Dependent Dependent Spouse Basic Life Insurance reduces to 50% upon the Insured Spouse's attainment of age 70 and terminates upon the Insured Employee's retirement. Dependent Child Basic Life Insurance terminates upon the earlier of the Insured Child's attainment of the limiting age or the Insured Employee's retirement.</p> |
| <p>Contract Employee Termination or Retirement</p> | <p>Coverage terminates at the earlier of retirement or expiration of the current contract year. If you terminate mid-contract, coverage terminates the date you last worked.</p> |
| <p>Non Contract Employee Termination</p> | <p>Coverage terminates on the date you last worked</p> |
| <p>Accelerated Death Benefit</p> | <p>Included</p> |

| | |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Guarantee Issue | <p>Life Classes 01, 04: \$100,000 Classes 02, 08: \$75,000 Class 03: \$50,000 Class 05: \$0 if participation in classes 05 and 06 combined is less than 60%; \$75,000 if participation in classes 05 and 06 combined is 60% or higher Class 06: \$0 if participation in classes 05 and 06 combined is less than 60%; \$100,000 if participation in classes 05 and 06 combined is 60% or higher Class 07: \$150,000 Dependent \$0 if group participation is less than 30%; \$2,000 if group participation is 30% or higher</p> |
| EOI Requirements | Late entrants Not enrolled within 31 days of eligibility, increases, and amounts exceeding the Guarantee Issue |
| Termination & Continuation of Coverage | <p>Coverage may continue, with payment of premiums during:</p> <ul style="list-style-type: none"> -FMLA -Sick Leave - 120 working days -Military Leave - 15 days |
| Minnesota Continuation | 18 Month Minnesota Continuation Applies to Life |
| Minnesota Continuation and Retirement | MN Continuation applies to retiring employees. MN Continuation runs concurrently with any other Retiree coverage. |
| Conversion Provision | Included - must apply within 31 days |
| Waiver of Premium Provision | <p>Disabled prior to age 60</p> <p>Elimination period - 9 months</p> <p>Waiver of premium terminates at age 65</p> |
| Beneficiary Administration | Employers should request regular updates and maintain for their own records. Employees should also maintain a copy of the most recent beneficiary form for their records. |
| EAP | Yes |
| Billing Information | <p>Billing Method: List Billed</p> <p>Date Census Last Received: 12/29/2020</p> |
| Renewal Date | 2/1/2023 |



Employer Use Only

National Insurance Services Contact Roster

All representatives can be reached at **1-800-627-3660**

For immediate response to your **SERVICE** questions, contact:

Polly Ross
Client Relations, Insured Products
pross@nisbenefits.com

For immediate response to your **BILLING** questions, contact:

Sandy Kleinhans
Senior Billing Representative
sklei@nisbenefits.com
Fax: 262-785-9269

For any plan **QUESTIONS** or to arrange an **IN-PERSON** visit to discuss your current plan and future changes, contact:

Natalie Owen
Account Representative, Insured Products
nowen@nisbenefits.com

For questions about existing **CLAIMS**, contact:

Madison National Life Insurance Company, Inc.
Phone: 1-800-356-9601
Website: www.madisonlife.com
Email: gca@madisonlife.com