### **Plan Highlights**

# Group Voluntary and Dependent Life Insurance



### Midwest Dental - VG 188288

### **ELIGIBILITY**

**Employees:** Each Active, Full-time employee working 25 or more hours per week, except any person working on a temporary or seasonal basis.

**Dependents:** You must be insured in order for Dependents to be covered.

Dependents are:

- your legal spouse not legally separated or divorced from you
- your unmarried financially dependent children\* age 14 days to 26 years.

\*natural and adopted children; stepchildren and foster children in your custody.

Age limit does not apply to handicapped children.

- ► A person may not have coverage as both an Employee and Dependent.
- Only one insured spouse may cover Dependent children.

### **BENEFIT AMOUNT**

### Voluntary Life:

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments

### Dependent Life

Spouse

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$5,000 increments

(spouse amount may not exceed 100% of employee amount)

Dependent Child(ren)

14 Days to 6 Months: \$1,000

Age 6 months to 26 Years: \$2,000 increments to a maximum

of \$10,000

### GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee:

Under age 70: \$140,000

Spouse:

Under age 60: \$30,000

Child: all child amounts are guaranteed issue

## BENEFIT REDUCTION DUE TO AGE (applicable to employee/spouse coverage)

| <u>Age</u> | <u>Original Benefit</u> |
|------------|-------------------------|
|            | Reduced To              |
| 65         | 65%                     |
| 70         | 50%                     |

### **CONTRIBUTION REQUIREMENTS**

Employee:

Coverage is 100% employee paid.

Spouse: Coverage is 100% employee paid.

Dependent Child(ren): Coverage is 100% employee paid.

### **RATE**

See attached Rate Sheet.

#### **FEATURES**

- Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- Conversion Privilege
- Portability
- Waiver of Premium

### **EXCLUSIONS**

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.