

## ***MetLife Optional Term Life Insurance Plan***

***Effective Date: May 1, 2015, pending underwriting approval***

### ***Optional Employee Life Insurance***

Your optional term life coverage provides important protection for you. This coverage is available to you at low group rates and with convenient payroll deductions.

To help meet this need, you have the opportunity to elect group life insurance under the optional portion of your program to go along with any personal insurance coverage you may have.

### ***Optional Dependent Life Insurance***

Provides coverage on:

- Your Spouse
- Child(ren) from 15 days of age up to 19 (to age 23 if wholly dependent upon you for maintenance and support, and if enrolled as a full-time student in an accredited school or college). Handicapped children can continue to be covered with no age limit. It is your responsibility to notify payroll in writing when a dependent is ineligible for coverage. Examples of ineligible dependent status are divorce, or a child graduates from college.

### ***Features***

The plan features easy eligibility and simple enrollment procedures. AND. . . There is no need for a medical exam if you sign up when you are initially eligible. Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and no worries about a lapse in coverage due to missed payments.

### ***Low Cost***

Your cost is lower than comparable insurance on an individual basis due to the “wholesale” economies inherent in group insurance. Additionally, the system absorbs the cost of administering the program which is underwritten by MetLife, a leader in the field of group coverage.

### ***Eligibility***

You will be eligible for this program if you are a full-time or permanent part-time active employee.

### ***Enrollment***

Enrollment is simple - just fill out the election card provided by your employer. You have 31 days to enroll yourself and dependents without evidence of insurability, when you are initially eligible.

### ***Statement of Health***

Increases in coverage, a re-entry in the plan and participants who enroll 31 days beyond the eligibility period will be required to provide evidence of insurability satisfactory to MetLife.

### ***Beneficiary***

You have the right to designate the beneficiary of your choice under Employee coverage. You are automatically the beneficiary under Dependent Life.

### ***When your insurance starts***

In order for your Optional Employee Life Insurance and Optional Dependent Life Insurance to become effective, it is necessary for you to certify that neither you nor any of your eligible dependents have been "hospitalized" in the last three months prior to your enrollment date.

The term "hospitalized" includes inpatient hospital care, hospice care, care in an intermediate or long-term care facility and/or receipt of chemotherapy, radiation therapy or dialysis treatment. However, a confinement which is strictly due to pregnancy or childbirth will not be included in the term "hospitalized".

In addition, coverage will not become effective for you or any dependent who is hospitalized as defined above, or who is not performing normal daily activities on the date coverage would otherwise become effective. Normal daily activities means that the individual is not confined at home under the care of a doctor for a sickness or injury, or is not entitled to receive any disability income from any source.

If you meet the eligibility requirements described above for date of enrollment and for effective date of coverage, your Optional Employee Life Insurance, if you have enrolled for that coverage, will become effective on the date of your eligibility provided you are then actively at work; otherwise, on the day you return to active work.

If you enroll for Optional Dependent Life Insurance, that coverage will become effective on the date your Optional Employee Life Insurance becomes effective, for any dependents who meet the eligibility requirements described above.

**If you or any dependents do not satisfy the eligibility requirements described on the previous page for date of enrollment and for effective date of coverage, that person will not become insured for Optional Life Insurance until such person has furnished medical evidence of insurability satisfactory to MetLife.**

### ***Termination of coverage***

All insurance under this plan will terminate upon the earlier of retirement, termination of employment, when the plan ceases, or when you withdraw from the plan. Nevertheless, if you should die within 31 days thereafter, your life insurance will still be paid to the beneficiary. If any of your covered dependents should die within such 31 day period, the amount of Life Insurance on account of such dependent will be paid to you.

### ***Disability***

Your insurance may be continued during your disability provided the Board of Education continues premium payments on your behalf.

### ***Conversion***

If your employment terminates while you are covered under the plan, you may purchase, without medical evidence of insurability, any individual insurance policy, except a term policy, issued by Metropolitan Life in any amount up to the amount of your coverage in effect on your date of termination. **You must apply for this policy within 31 days after the date your employment terminates.** This privilege applies to Optional Employee and/or Dependent Life Insurance.

### ***Portability***

Portability allows employees whose coverage ends due to certain qualifying events to continue their current (or a lesser) amount of insurance. Portability applies to Employee Optional Life Insurance only.

#### **Qualifying Events Include:**

- Termination of Employment
- Retirement
- Change in employee class which results in the termination of Optional Life Benefits.

The minimum face amount which an employee may elect portability is \$20,000. Portable coverage reduces to 50% on January 1st of the year the insured attains age 70 and terminates on January 1st of the year the insured attains age 80. When portable coverage ends, insured individuals have the right to convert to an individual policy.

***Suicide exclusion***

No Optional Employee Life Benefits are payable if you commit suicide within two years from the effective date of the coverage. This exclusion also applies to Optional Dependent Life Benefits.

***The accelerated benefit option (ABO)***

Metropolitan Life Insurance Company has included an Accelerated Benefit Option (ABO) as part of your group life benefits. Under this option, if you are diagnosed as having a terminal illness, you may be eligible to receive a portion of your group life benefits at such a difficult time. Please refer to your Group Certificate for details.

***Schedule of Benefits***

***Optional employee life insurance***

Your choice of the following amounts:

\$100,000, \$50,000, \$40,000, \$30,000, \$20,000, or \$10,000

***Optional Dependent life insurance***

\$10,000 on your spouse

\$500 on each of your eligible children age 15 days to 6 months

\$5,000 on each of your eligible children 6 months and up

You can choose either:

Employee & Spouse coverage, Employee & Child(ren) coverage or Employee & Family coverage.

***Optional Dependent Life Insurance is available only to those eligible employees who are insured for Employee Optional Life Insurance. If both husband and wife are employees of Asheboro City Schools, only one can cover the dependent children.***

### *Your Monthly Cost*

<b>Optional Employee Life Insurance</b>						
<b>AGE</b>	<b>\$10,000</b>	<b>\$20,000</b>	<b>\$30,000</b>	<b>\$40,000</b>	<b>\$50,000</b>	<b>\$100,000</b>
<b>&lt;30</b>	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$6.00
<b>30 - 34</b>	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$8.00
<b>35 - 39</b>	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$9.50
<b>40 - 44</b>	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$11.50
<b>45 - 49</b>	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50	\$17.50
<b>50 - 54</b>	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$25.00
<b>55 - 59</b>	\$4.30	\$8.60	\$12.90	\$17.20	\$21.50	\$43.00
<b>60 - 64</b>	\$7.20	\$14.40	\$21.60	\$28.80	\$36.00	\$72.00
<b>65 - 69</b>	\$13.60	\$27.20	\$40.80	\$54.40	\$68.00	\$136.00
<b>70+</b>	\$22.00	\$44.00	\$66.00	\$88.00	\$110.00	\$220.00

<b>Optional Dependent Life Insurance</b>	
<b>Family Coverage</b>	\$6.60
<b>Spouse Only Coverage</b>	\$5.60
<b>Child(ren) Only Coverage</b>	\$1.00

### *Claims Procedure*

Claim forms needed to file for benefits under the group insurance program can be obtained from your employer who will also be ready to answer questions about the insurance benefits and to assist in filing claims.

The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully. If there is any question about a claim payment, an explanation can be requested from your employer, who is usually able to provide the necessary information.

**This information has been prepared to give you the highlights of additional coverage now being offered by your School Board to meet your insurance needs. For details please ask your personnel office or refer to the certificate of insurance that you will receive after you have signed up for protection.**

*This insurance is underwritten by  
Metropolitan Life Insurance Company,  
New York, New York 10010.*

**MetLife<sup>®</sup>**

*If you have any questions regarding your statement of health or life insurance claim, please call MetLife at 1-800-638-6420.*