
The Standard Term Life Plan

Effective Date: When approved by The Standard

- ***If a Health Statement is submitted for you or your dependent(s), Additional Term Life coverage will not be issued until approved by Underwriting at The Standard Life Insurance Company***

- ***The beneficiary(ies) that you elect for your Additional Term Life coverage will supercede the beneficiary(ies) that you select for your Basic Term Life coverage***

BASIC EMPLOYEE LIFE INSURANCE

This insurance is payable for death from any cause to any person you name as beneficiary.

ADDITIONAL EMPLOYEE LIFE INSURANCE

Your employer sponsored Basic Life coverage provides important protection for you, but you may need to add to that protection. To help meet this need, you have the opportunity to elect additional group life insurance under the additional portion of your plan.

ADDITIONAL DEPENDENT LIFE INSURANCE

Provides coverage on:

- Your Spouse
- Child(ren) from ***birth through age 20*** (through age 24 if wholly dependent upon you for maintenance and support ***or to age 25*** for full-time students in an accredited school or college). Handicapped children can continue to be covered with no age limit if handicap is diagnosed prior to age 20.

(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).

ACCIDENTAL DEATH AND DISMEMBERMENT

Benefits under this coverage are payable as described in your certificate. All active employees have Basic Accidental Death and Dismemberment coverage.

ELIGIBILITY

You will be eligible for insurance if you are a permanent full-time employee, working at least 30 hours per week.

ENROLLMENT

Enrollment is simple - just fill out the application provided by your employer. You have 31 days from the date you become benefits eligible to enroll in the additional life plan. You will be notified as to when coverage starts.

BENEFICIARY

You have the right to designate the beneficiary of your choice under employee coverage. The beneficiary elected on your life enrollment form designates your

beneficiary for Basic and Additional coverage. You are automatically the beneficiary under Dependent Life. It is your responsibility to update the beneficiary designation as needed.

SUICIDE EXCLUSION

No Additional Life benefits will be payable if death is a result of suicide or other intentional self-inflicted injury within 2 years of your effective date of the coverage.

WHEN YOUR BASIC INSURANCE STARTS

All employees are eligible the 1st of the month after 30 consecutive days as an employee of Columbus County Government.

WHEN YOUR ADDITIONAL INSURANCE STARTS

For guaranteed issue amounts, coverage is effective upon enrollment or the effective date of the plan year, provided you are a benefits eligible employee and actively at work. For any amounts over the guaranteed issue limit, coverage is effective the date Standard Life approves your enrollment application and medical evidence of insurability.

REDUCTIONS IN INSURANCE

If you reach an age shown below, the amount of insurance will be the amount determined from the Schedule of Insurance, multiplied by the appropriate percentage below:

Attained Age	Reduction Schedule
65-69	65%
70-74	50%
75 or over	35%

TERMINATION OF COVERAGE

Life insurance coverage may be continued for 31 days following termination or your last day of employment as long as the group policy remains in force.

WAIVER OF PREMIUM

If you become totally disabled prior to age 60 for 180 days or longer and meet the policy's definition of totally disabled, coverage will be continued without premium payment. The amount of insurance is subject to any reductions due to age. Waiver of Premium terminates the earlier of the date you cease to be totally disabled or age 65.

THE ACCELERATED DEATH BENEFIT (ADB)

The Accelerated Death Benefit (ADB) is part of your group life benefits. Under this option, if you are diagnosed as having a terminal illness, you may be eligible to receive an advance payment of up to 75% of your life insurance benefit to a maximum of \$500,000.

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 Standard Life. Term Life insurance above the guaranteed issue amounts will also require evidence of insurability.

PORTABILITY AND CONVERSION

If your insurance ends because your employment terminates, you may be eligible to port or convert your group insurance coverage within 31 days of your last day worked. Please see your Human Resources Department for more information and appropriate paperwork.

CLAIMS PROCEDURE

Claim forms needed to file for benefits under the group insurance plan 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.

SCHEDULE OF BENEFITS

BASIC EMPLOYEE TERM LIFE INSURANCE & AD&D

All Eligible EmployeesOne Times your Base Annual Earnings, rounded to the next \$1,000. The maximum amount is \$100,000. (No Cost To You)

BASIC DEPENDENT TERM LIFE INSURANCE - cost is \$2.10 monthly

Spouse- \$5,000

Child(ren)- \$5,000 per child (regardless of the number)

EMPLOYEE ADDITIONAL TERM LIFE INSURANCE

- Your choice of the following amounts: \$10,000 to \$100,000 (in \$10,000 increments).
- Amounts up to \$50,000 are guaranteed issue. Any amount **over \$50,000** will require completion of a Statement of Health.

Employee Additional Term Life Monthly Rates

AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 30	\$0.79	\$1.58	\$2.37	\$3.16	\$3.95	\$4.74	\$5.53	\$6.32	\$7.11	\$7.90
30-34	\$0.84	\$1.68	\$2.52	\$3.36	\$4.20	\$5.04	\$5.88	\$6.72	\$7.56	\$8.40
35-39	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
40-44	\$1.63	\$3.26	\$4.89	\$6.52	\$8.15	\$9.78	\$11.41	\$13.04	\$14.67	\$16.30
45-49	\$2.63	\$5.26	\$7.89	\$10.52	\$13.15	\$15.78	\$18.41	\$21.04	\$23.67	\$26.30
50-54	\$3.98	\$7.96	\$11.94	\$15.92	\$19.90	\$23.88	\$27.86	\$31.84	\$35.82	\$39.80
55-59	\$6.65	\$13.30	\$19.95	\$26.60	\$33.25	\$39.90	\$46.55	\$53.20	\$59.85	\$66.50
60-64	\$7.65	\$15.30	\$22.95	\$30.60	\$38.25	\$45.90	\$53.55	\$61.20	\$68.85	\$76.50
65-69	\$15.00	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00	\$105.00	\$120.00	\$135.00	\$150.00
70-74	\$25.73	\$51.46	\$77.19	\$102.92	\$128.65	\$154.38	\$180.11	\$205.84	\$231.57	\$257.30
75+	\$84.82	\$169.64	\$254.46	\$339.28	\$424.10	\$508.92	\$593.74	\$678.56	\$763.38	\$848.20

SPOUSE ADDITIONAL TERM LIFE INSURANCE

- Your choice of the following amounts: \$5,000 to \$100,000 (in \$5,000 increments).
- Amounts up to \$10,000 are guaranteed issue. Any amount **over \$10,000** will require completion of a Statement of Health.

Spouse Additional Term Life Monthly Rates

AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$100,000
Under 30	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.59	\$2.96	\$3.33	\$3.70	\$7.40
30-34	\$0.40	\$0.79	\$1.19	\$1.58	\$1.98	\$2.37	\$2.77	\$3.16	\$3.56	\$3.95	\$7.90
35-39	\$0.50	\$0.99	\$1.49	\$1.98	\$2.48	\$2.97	\$3.47	\$3.96	\$4.46	\$4.95	\$9.90
40-44	\$0.68	\$1.35	\$2.03	\$2.70	\$3.38	\$4.05	\$4.73	\$5.40	\$6.08	\$6.75	\$13.50
45-49	\$1.07	\$2.13	\$3.20	\$4.26	\$5.33	\$6.39	\$7.46	\$8.52	\$9.59	\$10.65	\$21.30
50-54	\$1.57	\$3.13	\$4.70	\$6.26	\$7.83	\$9.39	\$10.96	\$12.52	\$14.09	\$15.65	\$31.30
55-59	\$2.48	\$4.95	\$7.43	\$9.90	\$12.38	\$14.85	\$17.33	\$19.80	\$22.28	\$24.75	\$49.50
60-64	\$3.84	\$7.67	\$11.51	\$15.34	\$19.18	\$23.01	\$26.85	\$30.68	\$34.52	\$38.35	\$76.70
65-69	\$7.52	\$15.04	\$22.56	\$30.08	\$37.60	\$45.12	\$52.64	\$60.16	\$67.68	\$75.20	\$150.40
70-74	\$12.90	\$25.79	\$38.69	\$51.58	\$64.48	\$77.37	\$90.27	\$103.16	\$116.06	\$128.95	\$257.90
75+	\$42.52	\$85.03	\$127.55	\$170.06	\$212.58	\$255.09	\$297.61	\$340.12	\$382.64	\$425.15	\$850.30

CHILD(REN) ADDITIONAL TERM LIFE INSURANCE

- \$5,000 coverage (per child, no matter how many)
- Coverage is from birth through age 20, or through age 25 if the child is a full-time registered student.

Coverage Amount	Monthly Cost
\$5,000	\$.25

NOTES: Any existing Employee (and or Dependents) which apply for term life coverage (did not apply when initially eligible) MUST complete a Health Statement.

Employees must take coverage on self (minimum amount of \$10,000) to take coverage on dependents).

PLAN ADMINISTRATOR:

Columbus County Government
 Virginia Taylor- Human Resources Director
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 Whiteville, NC 28472
 910.914.4119