

Enrollment Dates: May 14, 2010 - August 11, 2010

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## *MetLife Term Life Plan*

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### **Effective Date: When approved by carrier**

**Existing Employees** - Electing coverage for the first time or any increases to existing coverage is not effective until approved by Metropolitan Life.

**Newly Hired Employees** - Coverage is effective the first day of either the first or the second month following employment, provided eligibility requirements are met in "When Your Insurance Starts".

### **BASIC EMPLOYEE LIFE INSURANCE**

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

### **OPTIONAL EMPLOYEE LIFE INSURANCE**

Your employer-sponsored basic life coverage provides important protection for you, but you may need to add to that protection. Now you can... at low group rates and through payroll deductions.

To help meet this need, you now have the opportunity to elect additional 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 26 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 during the enrollment period. 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 for 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 active employee.

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**ENROLLMENT**

Enrollment is simple - just fill out the election card provided by your employer. Make sure you supply all the required information and return the form where you work. That's all. You will be notified as to when coverage starts.

**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**

Your Basic Employee Life Insurance becomes effective on the date of your eligibility if you are then actively at work; otherwise, on the day you return to active work. 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 not 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 above 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.**

**REDUCTIONS AT AGE 70 AND OVER**

If you remain in active service beyond age 70 your combined amount of Basic and Optional Employee Life Insurance will be as follows:

<u>Attained Age</u>	<u>Percent of Original Amount</u>
70	65%
75	45%
80	30%

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**TERMINATION OF COVERAGE**

All insurance under this plan will terminate with the earliest of the following events. The events include: termination upon retirement, termination of employment, plan cessation or withdrawal 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. However, your insurance will be subject to reduction as shown under " Reductions at ages 70 & Over."

**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 Dependent Life Insurance as well as the Basic Employee 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 not dependent(s).

**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.

**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.

**SUICIDE EXCLUSION**

No Optional Employee Life Benefits are payable if you commit suicide within two years from the effective date of the coverage.

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## CLAIMS PROCEDURE

### Procedures for Presenting Claims for Benefits

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.

### Routine Questions

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 LIFE INSURANCE

All eligible employees . . . . . \$5,000\*  
(No cost to you)

*\*See "Reductions at age 70 & Over."*

### OPTIONAL EMPLOYEE LIFE INSURANCE

Your choice of the following amounts:

\$350,000, \$300,000, \$250,000, \$200,000, \$150,000, \$100,000, \$50,000, \$40,000, \$30,000, \$20,000 or \$10,000

*To be eligible for amounts above \$50,000, you must furnish medical evidence of insurability satisfactory to MetLife. (If you elect amounts of \$300,000 or \$350,000 they may not exceed 5 times your base annual salary).*

### OPTIONAL DEPENDENT LIFE INSURANCE

Spouse - \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000

*To be eligible for amounts above \$10,000, you must furnish medical evidence of insurability satisfactory to MetLife.*

Child(ren) - \$5,000, \$15,000, \$25,000

*To be eligible for amounts above \$5,000, you must furnish medical evidence of insurability satisfactory to MetLife.*

You choose either:

Family coverage, Spouse only coverage or Child(ren) only coverage.

***Optional Dependent Life Insurance is available only to those eligible employees who are insured for Employee Optional Life Insurance. Spouse or Child coverage cannot exceed the amount of employee's optional life coverage. If both husband and wife are employees of Davidson County Schools, only one can cover the dependent children.***

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**YOUR MONTHLY COST**

<u>Optional Employee Life Insurance</u>	<u>Monthly Payroll Deduction</u>
\$350,000	\$38.50
300,000	33.00
250,000	27.50
200,000	22.00
150,000	16.50
100,000	11.00
*50,000	5.50
40,000	4.40
30,000	3.30
20,000	2.20
10,000	1.10

<u>Optional Spouse Life Insurance</u>	<u>Monthly Payroll Deduction</u>
\$100,000	\$40.30
90,000	36.27
80,000	32.24
70,000	28.21
60,000	24.18
50,000	20.15
40,000	16.12
30,000	12.09
20,000	8.06
*10,000	4.03

<u>Optional Child Life Insurance</u>	<u>Monthly Payroll Deduction</u>
\$25,000	3.60
15,000	2.16
*5,000	0.72

*\*Amounts above these require evidence of insurability if not applied for when first eligible.*

*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.*

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