
MetLife Group Term Life Insurance Plan

Effective Date: *pending underwriting approval*

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 convenient payroll deductions.

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

OPTIONAL DEPENDENT LIFE INSURANCE

Provides coverage on:

- Your Spouse
- Child(ren) from 14 days of age to age 19 (to age 25 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 be covered with no age limit, as long as the child is covered prior to age 19 or to age 25 if a full-time student.

FEATURES

The plan features easy eligibility and simple enrollment procedures. And as an employee there is no need for proof of medical insurability unless you take a coverage amount over \$50,000.

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 Insurance Company - a leader in the field of group coverage.

ELIGIBILITY

You will be eligible for insurance if you are a full-time active employee.

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.

You will be notified as to when coverage starts. Employees currently participating in the life plan will not have to fill out a new enrollment card unless there is an increase or decrease of coverage(s).

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.

If you have elected Optional Employee Life Insurance or Optional Dependent Life insurance you will be notified as to when that coverage begins.

Anyone electing not to enroll when first eligible or within 31 days of their hire date can enroll later only if evidence of insurability satisfactory to MetLife is provided.

REDUCTIONS AT AGE 70 & OVER

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

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

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. However, your insurance will be subject to reduction as shown under "Reductions at ages 70 & Over" above.

ACCELERATED BENEFIT OPTION

MetLife 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.

CONVERSION

If your employment terminates while you are covered under the plan, you may purchase without medical evidence of insurability, any individual insurance, except a term policy, issued by MetLife. The amount of the individual contract may not be more than the amount of your life 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 Life Insurance and Dependent Life Insurance as well as the Basic Employee Life Insurance. This privilege is the employees responsibility. It is not automatic.

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.

The minimum face amount which an employee may elect portability is \$10,000. 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.

Qualifying Events Include:

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

SUICIDE EXCLUSION

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

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 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.

GROUP POLICY AND CERTIFICATE

The insurance briefly described in this folder is subject to the terms and conditions of the Group Policy issued by the MetLife Insurance Company. If you become insured, you will receive a certificate outlining your benefits under the policy.

This information has been prepared to give you the highlights of coverage now being offered by your School Board to meet your insurance needs.

Schedule of Benefits

BASIC EMPLOYEE LIFE INSURANCE

All Eligible Employees \$1,000 (No cost to you)

OPTIONAL EMPLOYEE LIFE INSURANCE

Your choice of the following amounts:

\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000

\$90,000, \$100,000, \$150,000, \$200,000, \$250,000

*To be eligible for coverage amounts over \$50,000 of coverage you **must** furnish medical evidence of insurability satisfactory to MetLife.

OPTIONAL DEPENDENT LIFE INSURANCE

• **Spouse-** choice of the following amounts:

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

Optional Dependent Life Insurance is available only to those eligible employees who are insured for Optional Employee Life Insurance.

For coverage over \$10,000, your spouse **must** furnish medical evidence of insurability and you must elect a minimum of \$20,000 and above of Employee Optional Life Insurance.

• **Child(ren)-** choice of the following amounts:

\$5,000, \$10,000, \$15,000, \$20,000, \$25,000

Optional Dependent Life Insurance is available only to those eligible employees who are insured for Optional Employee Life Insurance.

To be eligible for coverage over \$5,000, you **must** furnish medical evidence of insurability for your dependent children.

NOTES:

If you did not elect Optional Employee or Dependent coverage when first hired, you will be required to submit a Statement of Health to MetLife. This applies to your dependents as well.

If you elect to increase your current coverage amount of Term Life insurance, you will be required to submit a Statement of Health to MetLife. This applies to your dependents as well.

<u>Optional Employee Coverage</u>	<u>Monthly Payroll Deduction</u>	<u>Optional Spouse Coverage</u>	<u>Monthly Payroll Deduction</u>	<u>Optional Child(ren) Coverage</u>	<u>Monthly Payroll Deduction</u>
\$10,000	\$1.80	\$10,000	\$5.60	\$5,000	\$1.00
\$20,000	\$3.60	\$20,000	\$11.20	\$10,000	\$2.00
\$30,000	\$5.40	\$30,000	\$16.80	\$15,000	\$3.00
\$40,000	\$7.20	\$40,000	\$22.40	\$20,000	\$4.00
\$50,000	\$9.00	\$50,000	\$28.00	\$25,000	\$5.00
\$60,000	\$10.80				
\$70,000	\$12.60				
\$80,000	\$14.40				
\$90,000	\$16.20				
\$100,000	\$18.00				
\$150,000	\$27.00				
\$200,000	\$36.00				
\$250,000	\$45.00				

PLAN ADMINISTRATOR

Elizabeth City-Pasquotank Board of Education
1200 S. Halstead Blvd.
Elizabeth City, NC
252.335.2981 (local)

If you have any questions regarding your statement of health or life insurance claim, please call MetLife at: 1.800.638.6420.



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