

# Enrollment at a Glance

## A Guide to Your Plan Basics

### North American Division of Seventh-day Adventists

**Take advantage of insurance offered at your workplace.  
It's convenient and affordable.**

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by North American Division of Seventh-day Adventists can be an important part of your financial security.

North American Division of Seventh-day Adventists provides Full-Time Employees with Basic Life Insurance coverage. Eligible Full-Time and Part-Time Employees may apply for Supplemental Group Term Life Insurance coverage.

#### Special Supplemental Term Life Insurance

##### **Life Insurance Benefits include:**

**GUARANTEED ISSUE** - If you enroll when initially eligible, you receive coverage without having to answer medical questions or have a medical exam.

**CONVENIENT PAYROLL DEDUCTIONS** - Since deductions are taken directly from your paycheck, you never have to worry about late payments or lapse notices.

**"TAKE IT WITH YOU"** - The portability and conversion features allow for continued coverage that can help protect your family even when your current employment ends.

**WAIVER OF PREMIUM** - (*Supplemental Life coverage only*) If you become totally disabled (as defined by the policy) and cannot work, you won't have to pay life insurance premiums for as long as you remain disabled, up to this benefit's termination.

**ACCELERATED BENEFIT** - You may collect a portion of your death benefit (typically 80%) while you are living, if you are diagnosed with a terminal illness with a limited life expectancy under twelve months (may vary by State).

Refer to the information on the following pages to learn more about Supplemental Group Term Life Insurance options and determine your coverage cost.



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## Supplemental Term Life Insurance Coverage Options

Review the information below to learn about the Life Insurance coverage options available.

	<i>For You</i>	<i>For Your Spouse</i>	<i>For Your Children<sup>1</sup></i>
<b>Eligibility</b>	Full-Time and Part-Time Employees as defined by your Employer.	Coverage is available only if Employee Supplemental Life Insurance is elected.	Coverage is available only if Employee Supplemental Life Insurance is elected.
<b>Coverage Options</b>	\$10,000 to \$750,000 in \$10,000 increments.	\$10,000 to \$250,000 in \$10,000 increments. The amount chosen cannot exceed 100% of employees elected amount.	\$1,000 to \$25,000 in \$1,000 increments on your children from birth but less than 26 years. The amount chosen cannot exceed 100% of employees elected amount.
<b>Guaranteed Issue Offer*</b>	<i>New Hire</i> - You can elect up to \$250,000 without providing evidence of insurability during the initial eligibility period.	<i>New Hire</i> - You can elect up to \$30,000 of coverage without providing evidence of insurability on your spouse during the initial eligibility period.	<i>New Hire</i> - You can elect up to \$25,000 of coverage without providing evidence of insurability on your children during the initial eligibility period.
<b>Age Reduction(s)</b>	Not Applicable.	Not Applicable.	Not applicable.

<sup>1</sup>Contact your employer if you have questions about the definition of "child" for your plan.

Combined Basic and Supplemental Life coverage maximum is \$850,000.

\*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, or you are a new hire and submit an application for coverage more than 31 days after the date you become eligible. Subject to approval by the insurance company.

## Insurance Rate Information

The cost is calculated based on the age of the employee at the start of the plan's current policy year. The rates shown are guaranteed through 01/01/2015.

Employee and Spouse Supplemental Life Insurance Rates	
Age	Monthly Cost per \$1,000 of Coverage
Under 29	\$0.055
30-34	\$0.061
35-39	\$0.067
40-44	\$0.092
45-49	\$0.139
50-54	\$0.226
55-59	\$0.391
60-64	\$0.419
65-69	\$0.733
70-74	\$1.305
75-79	\$2.077
80-84	\$2.951
85+	\$4.642

Dependent Children Life Insurance Rate	
Coverage Levels	Monthly Cost
\$1,000 each child	\$0.19



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## Premium Calculator

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

<i>Supplemental Life Insurance</i>	<i>For You</i>	<i>For Your Spouse</i>	<i>For Your Children</i>
<b>Step 1:</b> Select the amount of insurance you want	\$	\$	\$
<b>Step 2:</b> Divide this number by \$1,000	\$	\$	\$
<b>Step 3:</b> Enter the rate from the table(s) above	\$	\$	\$
	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>
<b>Step 4:</b> Multiply Step #2 by Step #3	\$	\$	\$
<b>Step 5:</b> Add <b>(A)</b> , <b>(B)</b> , and <b>(C)</b> for the Total Monthly Premium	\$		

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the ING family of companies. Policy form LP00GP (may vary by state).

(v. 09/01/2012)

Group #67807-4, 12/7/2012

## Personal Accident Insurance Coverage

Personal Accident Insurance provides additional protection for your loved ones in the event you are killed or severely injured in a covered accident. Personal Accident Insurance can help you or your family deal with expenses and financial obligations that arise in the wake of a serious accident.

Personal Accident Insurance pays benefits for a covered accident resulting in the loss of limbs, sight or life. Other losses may also be covered under your employer's plan. Unless otherwise indicated in the certificate, benefits are paid directly to you or your beneficiary.

	<i>For You</i>	<i>For Your Spouse</i>	<i>For Your Child(ren)<sup>1</sup></i>
<b>Eligibility</b>	Full-Time and Part-Time Employees as defined by your Employer.	Coverage is available only if Employee Supplemental Personal Accident Insurance is elected.	Coverage is available only if Employee Supplemental Personal Accident Insurance is elected.
<b>Coverage Options</b>	\$10,000 to \$500,000 in \$10,000 increments.	\$10,000 to \$500,000 in \$10,000 increments. Coverage is limited to 100% of the total amount of Employee Supplemental Personal Accident Insurance coverage.	\$5,000 to \$25,000 in \$5,000 increments on your children from birth but less than 26 years.
<b>Pilot Coverage Options Only</b>	\$25,000 to \$125,000 in \$25,000 increments.	Not Applicable.	Not Applicable.
<b>Coverage Available without Health Questions</b>	Employee Supplemental Personal Accident Insurance is offered to you without providing proof of good health.	Spouse Supplemental Personal Accident Insurance is offered to your spouse without providing proof of good health.	Child(ren) Supplemental Personal Accident Insurance is offered to your child(ren) without providing proof of good health.
<b>Age Reduction(s)</b>	Benefit amount reduces to 65% of original coverage at age 70, to 45% at age 75, to 30% at age 80 and to 15% at age 85 and after.	Benefit amount reduces to 65% of original coverage at spouse age 70, to 45% at age 75, to 30% at age 80 and to 15% at age 85 and after.	Not applicable.

<sup>1</sup>Contact your employer if you have questions about the definition of "child" for your plan.



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## Personal Accident Insurance

### Personal Accident Insurance Coverage Exclusions (may vary by state):

No benefit is paid for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs while committing or attempting to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent:
  - Unless prescribed by a doctor;
  - Which is illegal; or
  - Not taken as directed by a doctor or the manufacturer.
- The insured person's intoxication. Intoxication means an individual's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

This offer is contingent upon participation requirements being met.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the ING family of companies. Policy form HP09GP (may vary by state).

(09/01/2012)

Group 678074, Acct 0001, 12/7/2012

## Insurance Rate Information and Premium Calculator

Personal Accident Insurance Rates	
Coverage Levels	Monthly Cost per \$1,000 of coverage
Employee	\$.027
Spouse	\$.027
Child(ren)	\$.026
Pilots	\$.040

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

Personal Accident Insurance	For You	For Your Spouse	For Your Children
<b>Step 1:</b> Select the amount of insurance you want	\$	\$	\$
<b>Step 2:</b> Divide this number by \$1,000	\$	\$	\$
<b>Step 3:</b> Enter the rate from the table(s) above	\$	\$	\$
	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>
<b>Step 4:</b> Multiply Step #2 by Step #3	\$	\$	\$
<b>Step 5:</b> Add <b>(A)</b> , <b>(B)</b> , and <b>(C)</b> for the Total Monthly Premium	\$		



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