


<p><b>Tama County</b></p>	<p><b>Employee Paid Life and AD&amp;D Insurance Benefit Highlights</b></p>	
<p><b>Eligibility</b></p> <p><b>Premium Contributions</b></p> <p><b>Life Insurance Benefit Amount</b></p> <p><b>Guaranteed Issue Amount</b></p> <p><b>Benefit Reductions</b></p> <p><b>Dependent Coverage</b></p> <p><b>Portability</b></p> <p><b>Living Benefits Option</b></p> <p><b>Waiver of Premium</b></p>	<p>All Active Full-Time Employees of Tama County.</p> <p>The premium is paid by the employee through payroll deduction.</p> <p>You have the option to purchase Supplemental Life and AD&amp;D insurance coverage in increments of \$10,000 to a maximum of \$100,000 (not to exceed 5 times your basic annual earnings).</p> <p>The guaranteed issue amount is the amount of insurance that you may elect without providing evidence of good health. If you enroll within 31 days of the date you become eligible for coverage, the guaranteed issue amount is \$80,000 – <i>no medical information is required</i>. <b>If you enroll more than 31 days of the date you became eligible, you must provide evidence of insurability by submitting a Personal Health Application to The Hartford.</b></p> <p>Your Life coverage is reduced by 35% at age 65; 60% at age 70 and 75% at age 75 . Coverage will terminate at retirement.</p> <p>You may also elect coverage on the lives of your spouse and/or dependent children. To qualify, children must be unmarried and at least 2 weeks old but less than 19 years (or 25 years if a full-time student). Also, unmarried children over the age of 19 who are disabled may be eligible if certain conditions are met. A Personal Health Statement won't be required for your spouse or child unless you are a late enrollee or your spouse coverage exceeds the Spouse Guaranteed Issue amount noted below. <b>Dependent coverage is available only when you elect coverage for yourself.</b></p> <p><b>Spouse Life and AD&amp;D Insurance Benefit Amount:</b> Increments of \$5,000 to a maximum of \$50,000 (not to exceed 50% of your Employee Supplemental Life amount). You may not elect coverage for your spouse if your spouse is covered as an employee under this policy. <b>Spouse Guaranteed Issue Amount: \$30,000</b> - Amounts over \$30,000 require medical evidence. <b>Note, spouse premium rates are based on employee's age.</b></p> <p><b>Child Life Insurance Benefit Amount:</b> Flat \$10,000 for children 6 months to age 19; Flat \$250 for children 15 days to 6 months. Children from Live Birth to 2 weeks to are not eligible for coverage</p> <p>If you leave your employer, Portability is an option that allows you to continue your Life insurance coverage. To be eligible, you must terminate your employment prior to the Social Security definition of retirement age (age 65 or older based on your year of birth) and you must be porting a minimum of \$5,000. The option allows you to continue all or a portion of your Supplemental Life Insurance under a separate Portability term policy. To elect Portability, you must apply and pay the premium within 31 days of the termination of your Supplemental Life Insurance. Proof of good health will not be required.</p> <p>Should you be diagnosed as terminally ill with a 12-month life expectancy, the Living Benefits Option allows you to receive an accelerated payment of a portion of your life insurance. The option is available to individuals with at least \$10,000 in group coverage from Hartford Life, subject to any maximum age limit described in your booklet. You may request a minimum accelerated payment of \$3,000 up to a maximum of 80% of your coverage not to exceed \$500,000. Funds are paid directly to you, with no policy restrictions on how you use them. The remaining benefit is then payable to the beneficiary.</p> <p>This provision applies if you become totally disabled before age 60 and your disability lasts for at least 9 months. You must provide proof of your condition within one year of your last day of work and once we approve, your coverage will continue without payment of premium up to age 65, as long as you remain totally disabled. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates.</p>	

Hartford Life requires a minimum of 10 of the eligible employees participate in the Supplemental Life plan.

Rates for employees and spouses\*:

Age	Rate per 10,000
Under 25	\$0.90
25-29	\$0.90
30-34	\$1.10
35-39	\$1.40
40-44	\$2.30
45-49	\$3.80
50-54	\$5.70
55-59	\$8.50
60-64	\$14.00
65-69	\$16.45
70-74	\$14.36
75+	\$19.35

\*spouse coverage is based on the employee's age

AD&D rate is \$0.50 per 10,000 for employees and spouses of any age.

Child life rate is \$2.00 per child unit(2.00 no matter how many children you have covered)