

Plan Highlights

Group Voluntary Term Life Insurance



Health Alliance for Nonprofits

ELIGIBILITY

Employees: Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You or your spouse must be insured in order for Dependent children to be covered.

Dependents are:

- Your legal spouse / domestic partner under age 70.
- Your unmarried financially dependent children age 14 days to 20 years (to 26 if a full-time student).
- Natural and adopted children upon finalization of adoption; stepchildren and foster children living with you.
- Upper age limits do not apply to handicapped children.

A person may not have coverage as both an Employee and Dependent. Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Employee and Spouse: Choose from a minimum of \$10,000 to a maximum of \$150,000 (in \$10,000 increments) for yourself and a maximum of \$30,000 for your spouse. The benefit amounts chosen need not be the same.

Eligible Dependent Child(ren):

- Age 14 days to 6 months: \$1,000
- Age 6 months to 20 years of age (26, if full-time student): \$10,000

GUARANTEE ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee:

Under age 60: \$100,000

Age 60 but under age 70: \$20,000

Age 70 or older: none

Spouse:

Under age 60: \$30,000

Age 60 or older: none

Guarantee issue is subject to underwriting rules and is not available in all circumstances

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

<u>Age</u>	<u>Original Benefit Reduced To</u>
75	60%
80	35%
85	27.5%
90	20%
95	7.5%
100	5%

FEATURES

- Conversion Privilege
- Imminent Death Benefit (expressed as Accelerated Death Benefit in some states and Living Benefit Rider in others.)
- Portability
- Waiver of Premium
- FMLA/MSLA Continuation

EXCLUSIONS

Death by suicide is not covered during the first two years an insured's insurance is in force. Insurance coverage is incontestable after it has been in force two years during the Insured's lifetime, except for non-payment of premium.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8349, et al

EF-0019 (VG)

RELIANCE STANDARD

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