

Plan Highlights

Group Supplemental & Dependent Life / AD&D Insurance



Walled Lake Consolidated District

ELIGIBILITY

As defined by the Employer.

Dependents: You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you;
- ▶ Your dependent children birth to 26 years;
- ▶ A person may not have coverage as both an Employee and Dependent;
- ▶ Only one insured spouse may cover dependent children;

BENEFIT AMOUNT

Supplemental Life: Choose from a minimum of \$10,000 to a maximum of \$100,000 in \$10,000 increments.

Amounts of life insurance equal to 500% or more may be subject to an earnings cap.

Spouse: Choose from a minimum of \$5,000, a maximum of \$25,000 in \$5,000 increments, not to exceed 100% of employee amount.

Child(ren): Birth but less than 14 days: \$1,000; 14 days through age 26: \$2,000 to \$10,000 in increments of \$2,000.

GUARANTEED ISSUE

Initial eligibility period only

Employee: \$100,000

Spouse: \$25,000

Child(ren): \$10,000

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%
For Total Loss of	Amount Payable
Both Arms and Both Legs	100%
Both Arms and One Leg or Both Legs and One Arm	75%
Both Arms	67%
Both Legs	67%
One Arm and One Leg	67%
One Arm or One Leg	50%

BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
70	65%
75	50%

RATES

See attached Rate Sheet

FEATURES

- ▶ Living Benefit
- ▶ Air Bag Benefit
- ▶ Conversion Privilege
- ▶ Education Benefit
- ▶ Portability
- ▶ Seat Belt Benefit
- ▶ Waiver of Premium
- ▶ Exposure & Disappearance
- ▶ Total Loss of Use Benefit

VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6422, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

Reliance Standard Plans

Supplemental and Dependent Life and AD&D Insurance

Premium Table

Plan Holder: Walled Lake Consolidated School District

Scheduled Benefit: Each eligible employee may elect for himself/herself and/or his/her eligible spouse an amount of insurance shown in the table below.

For employees age 70 and older: Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

Employee/Spouse Premiums: To find you and your spouse's premium:

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 70 and older: see above comment).
- Spouse premium: Repeat the steps above for your spouse at your age at your last birthday.
- Employee and spouse rates change as insured moves from one age bracket to the next.

Employee 10 Month Premiums

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$10,000	\$1.92	\$1.92	\$1.92	\$3.72	\$3.72	\$3.72	\$7.92	\$7.92	\$13.92	\$21.24	\$36.24	\$36.24	\$36.24
\$20,000	\$3.84	\$3.84	\$3.84	\$7.44	\$7.44	\$7.44	\$15.84	\$15.84	\$27.84	\$42.48	\$72.48	\$72.48	\$72.48
\$30,000	\$5.76	\$5.76	\$5.76	\$11.16	\$11.16	\$11.16	\$23.76	\$23.76	\$41.76	\$63.72	\$108.72	\$108.72	\$108.72
\$40,000	\$7.68	\$7.68	\$7.68	\$14.88	\$14.88	\$14.88	\$31.68	\$31.68	\$55.68	\$84.96	\$144.96	\$144.96	\$144.96
\$50,000	\$9.60	\$9.60	\$9.60	\$18.60	\$18.60	\$18.60	\$39.60	\$39.60	\$69.60	\$106.20	\$181.20	\$181.20	\$181.20
\$60,000	\$11.52	\$11.52	\$11.52	\$22.32	\$22.32	\$22.32	\$47.52	\$47.52	\$83.52	\$127.44	\$217.44	\$217.44	\$217.44
\$70,000	\$13.44	\$13.44	\$13.44	\$26.04	\$26.04	\$26.04	\$55.44	\$55.44	\$97.44	\$148.68	\$253.68	\$253.68	\$253.68
\$80,000	\$15.36	\$15.36	\$15.36	\$29.76	\$29.76	\$29.76	\$63.36	\$63.36	\$111.36	\$169.92	\$289.92	\$289.92	\$289.92
\$90,000	\$17.28	\$17.28	\$17.28	\$33.48	\$33.48	\$33.48	\$71.28	\$71.28	\$125.28	\$191.16	\$326.16	\$326.16	\$326.16
\$100,000	\$19.20	\$19.20	\$19.20	\$37.20	\$37.20	\$37.20	\$79.20	\$79.20	\$139.20	\$212.40	\$362.40	\$362.40	\$362.40

Spouse 10 Month Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
\$5,000	\$0.96	\$0.96	\$0.96	\$0.96	\$1.86	\$1.86	\$1.86	\$3.96	\$3.96	\$6.96	\$10.62	\$18.12	\$18.12
\$10,000	\$1.92	\$1.92	\$1.92	\$1.92	\$3.72	\$3.72	\$3.72	\$7.92	\$7.92	\$13.92	\$21.24	\$36.24	\$36.24
\$15,000	\$2.88	\$2.88	\$2.88	\$2.88	\$5.58	\$5.58	\$5.58	\$11.88	\$11.88	\$20.88	\$31.86	\$54.36	\$54.36
\$20,000	\$3.84	\$3.84	\$3.84	\$3.84	\$7.44	\$7.44	\$7.44	\$15.84	\$15.84	\$27.84	\$42.48	\$72.48	\$72.48
\$25,000	\$4.80	\$4.80	\$4.80	\$4.80	\$9.30	\$9.30	\$9.30	\$19.80	\$19.80	\$34.80	\$53.10	\$90.60	\$90.60

Dependent Child(ren) 10 Month Premiums:

Benefit Amount	Premium
\$2,000	\$0.53
\$4,000	\$1.06
\$6,000	\$1.58
\$8,000	\$2.11
\$10,000	\$2.64

(One rate and benefit amount for all eligible children in family, regardless of number)

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Child(ren) Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.

Rates are subject to change.

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One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%
For Total Loss of	Amount Payable
Both Arms and Both Legs	100%
Both Arms and One Leg or Both Legs and One Arm	75%
Both Arms	67%
Both Legs	67%
One Arm and One Leg	67%
One Arm or One Leg	50%

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- Select a benefit amount (employees age 70 and older: see above comment).
- Spouse premium: Repeat the steps above for your spouse at your age at your last birthday.
- Employee and spouse rates change as insured moves from one age bracket to the next.

Employee Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
\$10,000	\$1.60	\$1.60	\$1.60	\$1.60	\$3.10	\$3.10	\$3.10	\$6.60	\$6.60	\$11.60	\$17.70	\$30.20	\$30.20
\$20,000	\$3.20	\$3.20	\$3.20	\$3.20	\$6.20	\$6.20	\$6.20	\$13.20	\$13.20	\$23.20	\$35.40	\$60.40	\$60.40
\$30,000	\$4.80	\$4.80	\$4.80	\$4.80	\$9.30	\$9.30	\$9.30	\$19.80	\$19.80	\$34.80	\$53.10	\$90.60	\$90.60
\$40,000	\$6.40	\$6.40	\$6.40	\$6.40	\$12.40	\$12.40	\$12.40	\$26.40	\$26.40	\$46.40	\$70.80	\$120.80	\$120.80
\$50,000	\$8.00	\$8.00	\$8.00	\$8.00	\$15.50	\$15.50	\$15.50	\$33.00	\$33.00	\$58.00	\$88.50	\$151.00	\$151.00
\$60,000	\$9.60	\$9.60	\$9.60	\$9.60	\$18.60	\$18.60	\$18.60	\$39.60	\$39.60	\$69.60	\$106.20	\$181.20	\$181.20
\$70,000	\$11.20	\$11.20	\$11.20	\$11.20	\$21.70	\$21.70	\$21.70	\$46.20	\$46.20	\$81.20	\$123.90	\$211.40	\$211.40
\$80,000	\$12.80	\$12.80	\$12.80	\$12.80	\$24.80	\$24.80	\$24.80	\$52.80	\$52.80	\$92.80	\$141.60	\$241.60	\$241.60
\$90,000	\$14.40	\$14.40	\$14.40	\$14.40	\$27.90	\$27.90	\$27.90	\$59.40	\$59.40	\$104.40	\$159.30	\$271.80	\$271.80
\$100,000	\$16.00	\$16.00	\$16.00	\$16.00	\$31.00	\$31.00	\$31.00	\$66.00	\$66.00	\$116.00	\$177.00	\$302.00	\$302.00

Spouse Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
\$5,000	\$0.80	\$0.80	\$0.80	\$0.80	\$1.55	\$1.55	\$1.55	\$3.30	\$3.30	\$5.80	\$8.85	\$15.10	\$15.10
\$10,000	\$1.60	\$1.60	\$1.60	\$1.60	\$3.10	\$3.10	\$3.10	\$6.60	\$6.60	\$11.60	\$17.70	\$30.20	\$30.20
\$15,000	\$2.40	\$2.40	\$2.40	\$2.40	\$4.65	\$4.65	\$4.65	\$9.90	\$9.90	\$17.40	\$26.55	\$45.30	\$45.30
\$20,000	\$3.20	\$3.20	\$3.20	\$3.20	\$6.20	\$6.20	\$6.20	\$13.20	\$13.20	\$23.20	\$35.40	\$60.40	\$60.40
\$25,000	\$4.00	\$4.00	\$4.00	\$4.00	\$7.75	\$7.75	\$7.75	\$16.50	\$16.50	\$29.00	\$44.25	\$75.50	\$75.50

Dependent Child(ren) Monthly Premiums:

Benefit Amount	Premium
\$2,000	\$0.44
\$4,000	\$0.88
\$6,000	\$1.32
\$8,000	\$1.76
\$10,000	\$2.20

(One rate and benefit amount for all eligible children in family, regardless of number)

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Child(ren) Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

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