



### Additional Life and Accidental Death & Dismemberment (AD&D) Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through the County of Wayne. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

### Employer Plan Effective Date

The group policy effective date is October 1, 2007. The County of Wayne will provide Basic Life coverage from The Standard. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount.

### Eligibility

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active employee of the County of Wayne, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- You must be regularly working at least 40 hours each week
- For Dependents Life insurance – Your spouse or children must not be full-time member(s) of the armed forces

### Employee Coverage Amount

You may elect Additional Life coverage in units of \$10,000 to a maximum of \$500,000.

If you wish to become insured for an amount of Additional Life in excess of \$100,000 the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Additional Accidental Death and Dismemberment Insurance from Standard Insurance Company is also included in this plan.

Dependents Life insurance from Standard Insurance Company is also available with this plan. However, you must elect Additional Life insurance for yourself in order to elect Dependents Life insurance.

### Spouse Coverage Amount

You may elect coverage for your spouse in units of \$10,000 to a maximum of \$500,000, but not to exceed 100 percent of your Additional Life coverage.

If you elect an amount for your spouse greater than \$20,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

### Child(ren) Coverage Amount

You may elect \$5,000 or \$10,000 of Dependents Life Insurance for your eligible children. All late applications will be subject to medical underwriting approval.

Child means your child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution).

**Employee Rates**

If you elect Additional Life with AD&D insurance, your monthly rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of last October 1)	Rate* (Per \$1000 of Total Coverage)
<30	\$0.121
30-34	\$0.132
35-39	\$0.155
40-44	\$0.247
45-49	\$0.339
50-54	\$0.546
55-59	\$0.845
60-64	\$1.294
65-69	\$2.087
70-74	\$3.191
75+	\$5.698

To calculate your premium:

1. Amount Elected: Write this amount on the Additional Life with AD&D requested amount line on your Enrollment and Change Form Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 6 for additional information pertaining to premium calculation. Line 4: \_\_\_\_\_

**\*Monthly AD&D rate of \$0.04 per \$1,000 of AD&D benefit is added to each rate on the above rate table.**

**Spouse Rates**

If you elect Dependents Life insurance for your spouse, your monthly rate for the coverage is indicated below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of last October 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.081
30-34	\$0.092
35-39	\$0.115
40-44	\$0.207
45-49	\$0.299
50-54	\$0.506
55-59	\$0.805
60-64	\$1.254
65-69	\$2.047
70-74	\$3.151
75+	\$5.658

To calculate the premium for your spouse:

1. Amount Elected: Write this amount on the Spouse Life requested amount line on your Enrollment and Change Form Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 7 for additional information pertaining to premium calculation. Line 4: \_\_\_\_\_

**Child(ren) Rates**

If you elect Dependents Life insurance for your eligible child(ren), your monthly premium for this coverage is \$1.00 for \$5,000 or \$2.00 for \$10,000 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period of the first day of the month that follows or coincides with 30 days as an eligible employee
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

### Age Reductions

Under this plan, coverage reduces by 35 percent at age 65 and by 50 percent at age 70. If you are age 65 or over, ask your human resources representative for the amount of coverage available.

### Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

### Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become totally disabled while insured under the group policy
- Are under the age of 60
- Complete the waiting period of 180 days
- Give us satisfactory proof of loss

Waiver of Premium does not apply to AD&D insurance.

### Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

### When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any spouse and child coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the group policy
- The date the County of Wayne's coverage under the group policy for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the dependent ceases to be an eligible dependent
- For your spouse, the date of your divorce or legal separation
- For a child who is disabled, 90 days after we mail you a proof of disability request, if proof is not given

**Accidental Death & Dismemberment (AD&D) Insurance**

With Additional Life and AD&D Insurance from Standard Insurance Company, you or your beneficiaries may be eligible to receive an additional amount in the event of death or dismemberment as a result of an accident.

**AD&D Insurance Coverage Amount**

The amount of this AD&D Insurance Benefit for loss of life is equal to the amount payable for Additional Life Insurance coverage on the date of the accident.

The amount of this AD&D Insurance Benefit for other covered losses is a percentage of the amount payable for Additional Life Insurance coverage on the date of the accident, as shown in the following table:

<u>Loss:</u>	<u>Percentage Payable:</u>
One hand or one foot	50%
Sight in one eye	50%
Two or more of the Losses listed above	100%

**Additional Features**

Following are brief descriptions of features included in this plan. These features offer additional benefits when an AD&D Insurance Benefit is payable.

Seat Belt Benefit	This provision provides an additional benefit in the event of a covered automobile accident.
Air Bag Benefit	This provision provides an additional benefit in the event of a covered automobile accident for which a Seat Belt Benefit is payable.
Family Benefits Package	Through this provision, your eligible family members may be entitled to receive additional financial help for child care, college or career training. Included are the Child Care Benefit, Higher Education Benefit and Career Adjustment Benefit.
Line of Duty Benefit	This provision provides an additional benefit for public safety officers who suffer death or dismemberment in an accident while acting in the line of duty.

**Limitations**

The loss must occur solely by an accident and independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by us.

**Exclusions**

Subject to state variations, AD&D Insurance Benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

**When Coverage Ends**

AD&D insurance will automatically end on the earliest of the following:

- The date your Life insurance ends
- The date your Waiver of Premium begins
- The date AD&D insurance terminates under the group policy
- The date the last period ends for which a premium was paid for your AD&D insurance
- The date the County of Wayne's coverage under the group policy for AD&D insurance terminates
- The date your employment terminates

**Group Insurance Certificate**

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

Employee Additional Life with AD&D Monthly Premiums

Coverage Amount	Employee's Age as of last October 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	1.21	1.32	1.55	2.47	3.39	5.46	8.45	12.94	13.57	15.96	28.49
\$20,000	2.42	2.64	3.10	4.94	6.78	10.92	16.90	25.88	27.13	31.91	56.98
\$30,000	3.63	3.96	4.65	7.41	10.17	16.38	25.35	38.82	40.70	47.87	85.47
\$40,000	4.84	5.28	6.20	9.88	13.56	21.84	33.80	51.76	54.26	63.82	113.96
\$50,000	6.05	6.60	7.75	12.35	16.95	27.30	42.25	64.70	67.83	79.78	142.45
\$60,000	7.26	7.92	9.30	14.82	20.34	32.76	50.70	77.64	81.39	95.73	170.94
\$70,000	8.47	9.24	10.85	17.29	23.73	38.22	59.15	90.58	94.96	111.69	199.43
\$80,000	9.68	10.56	12.40	19.76	27.12	43.68	67.60	103.52	108.52	127.64	227.92
\$90,000	10.89	11.88	13.95	22.23	30.51	49.14	76.05	116.46	122.09	143.60	256.41
\$100,000	12.10	13.20	15.50	24.70	33.90	54.60	84.50	129.40	135.66	159.55	284.90
\$110,000	13.31	14.52	17.05	27.17	37.29	60.06	92.95	142.34	149.22	175.51	313.39
\$120,000	14.52	15.84	18.60	29.64	40.68	65.52	101.40	155.28	162.79	191.46	341.88
\$130,000	15.73	17.16	20.15	32.11	44.07	70.98	109.85	168.22	176.35	207.42	370.37
\$140,000	16.94	18.48	21.70	34.58	47.46	76.44	118.30	181.16	189.92	223.37	398.86
\$150,000	18.15	19.80	23.25	37.05	50.85	81.90	126.75	194.10	203.48	239.33	427.35
\$160,000	19.36	21.12	24.80	39.52	54.24	87.36	135.20	207.04	217.05	255.28	455.84
\$170,000	20.57	22.44	26.35	41.99	57.63	92.82	143.65	219.98	230.61	271.24	484.33
\$180,000	21.78	23.76	27.90	44.46	61.02	98.28	152.10	232.92	244.18	287.19	512.82
\$190,000	22.99	25.08	29.45	46.93	64.41	103.74	160.55	245.86	257.74	303.15	541.31
\$200,000	24.20	26.40	31.00	49.40	67.80	109.20	169.00	258.80	271.31	319.10	569.80
\$210,000	25.41	27.72	32.55	51.87	71.19	114.66	177.45	271.74	284.88	335.06	598.29
\$220,000	26.62	29.04	34.10	54.34	74.58	120.12	185.90	284.68	298.44	351.01	626.78
\$230,000	27.83	30.36	35.65	56.81	77.97	125.58	194.35	297.62	312.01	366.97	655.27
\$240,000	29.04	31.68	37.20	59.28	81.36	131.04	202.80	310.56	325.57	382.92	683.76
\$250,000	30.25	33.00	38.75	61.75	84.75	136.50	211.25	323.50	339.14	398.88	712.25
\$260,000	31.46	34.32	40.30	64.22	88.14	141.96	219.70	336.44	352.70	414.83	740.74
\$270,000	32.67	35.64	41.85	66.69	91.53	147.42	228.15	349.38	366.27	430.79	769.23
\$280,000	33.88	36.96	43.40	69.16	94.92	152.88	236.60	362.32	379.83	446.74	797.72
\$290,000	35.09	38.28	44.95	71.63	98.31	158.34	245.05	375.26	393.40	462.70	826.21
\$300,000	36.30	39.60	46.50	74.10	101.70	163.80	253.50	388.20	406.97	478.65	854.70
\$310,000	37.51	40.92	48.05	76.57	105.09	169.26	261.95	401.14	420.53	494.61	883.19
\$320,000	38.72	42.24	49.60	79.04	108.48	174.72	270.40	414.08	434.10	510.56	911.68
\$330,000	39.93	43.56	51.15	81.51	111.87	180.18	278.85	427.02	447.66	526.52	940.17
\$340,000	41.14	44.88	52.70	83.98	115.26	185.64	287.30	439.96	461.23	542.47	968.66
\$350,000	42.35	46.20	54.25	86.45	118.65	191.10	295.75	452.90	474.79	558.43	997.15
\$360,000	43.56	47.52	55.80	88.92	122.04	196.56	304.20	465.84	488.36	574.38	1,025.64
\$370,000	44.77	48.84	57.35	91.39	125.43	202.02	312.65	478.78	501.92	590.34	1,054.13
\$380,000	45.98	50.16	58.90	93.86	128.82	207.48	321.10	491.72	515.49	606.29	1,082.62
\$390,000	47.19	51.48	60.45	96.33	132.21	212.94	329.55	504.66	529.05	622.25	1,111.11
\$400,000	48.40	52.80	62.00	98.80	135.60	218.40	338.00	517.60	542.62	638.20	1,139.60
\$410,000	49.61	54.12	63.55	101.27	138.99	223.86	346.45	530.54	556.19	654.16	1,168.09
\$420,000	50.82	55.44	65.10	103.74	142.38	229.32	354.90	543.48	569.75	670.11	1,196.58
\$430,000	52.03	56.76	66.65	106.21	145.77	234.78	363.35	556.42	583.32	686.07	1,225.07
\$440,000	53.24	58.08	68.20	108.68	149.16	240.24	371.80	569.36	596.88	702.02	1,253.56
\$450,000	54.45	59.40	69.75	111.15	152.55	245.70	380.25	582.30	610.45	717.98	1,282.05
\$460,000	55.66	60.72	71.30	113.62	155.94	251.16	388.70	595.24	624.01	733.93	1,310.54
\$470,000	56.87	62.04	72.85	116.09	159.33	256.62	397.15	608.18	637.58	749.89	1,339.03
\$480,000	58.08	63.36	74.40	118.56	162.72	262.08	405.60	621.12	651.14	765.84	1,367.52
\$490,000	59.29	64.68	75.95	121.03	166.11	267.54	414.05	634.06	664.71	781.80	1,396.01
\$500,000	60.50	66.00	77.50	123.50	169.50	273.00	422.50	647.00	678.28	797.75	1,424.50

\* Coverage amounts for ages 65 and over reduce due to age reduction (see Age Reductions section).

Spouse Dependents Life Monthly Premiums

Coverage Amount	Employee's Age as of last October 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	0.81	0.92	1.15	2.07	2.99	5.06	8.05	12.54	13.31	15.76	28.29
\$20,000	1.62	1.84	2.30	4.14	5.98	10.12	16.10	25.08	26.61	31.51	56.58
\$30,000	2.43	2.76	3.45	6.21	8.97	15.18	24.15	37.62	39.92	47.27	84.87
\$40,000	3.24	3.68	4.60	8.28	11.96	20.24	32.20	50.16	53.22	63.02	113.16
\$50,000	4.05	4.60	5.75	10.35	14.95	25.30	40.25	62.70	66.53	78.78	141.45
\$60,000	4.86	5.52	6.90	12.42	17.94 *	30.36	48.30	75.24	79.83	94.53	169.74
\$70,000	5.67	6.44	8.05	14.49	20.93	35.42	56.35	87.78	93.14	110.29	198.03
\$80,000	6.48	7.36	9.20	16.56	23.92	40.48	64.40	100.32	106.44	126.04	226.32
\$90,000	7.29	8.28	10.35	18.63	26.91	45.54	72.45	112.86	119.75	141.80	254.61
\$100,000	8.10	9.20	11.50	20.70	29.90	50.60	80.50	125.40	133.06	157.55	282.90
\$110,000	8.91	10.12	12.65	22.77	32.89	55.66	88.55	137.94	146.36	173.31	311.19
\$120,000	9.72	11.04	13.80	24.84	35.88	60.72	96.60	150.48	159.67	189.06	339.48
\$130,000	10.53	11.96	14.95	26.91	38.87	65.78	104.65	163.02	172.97	204.82	367.77
\$140,000	11.34	12.88	16.10	28.98	41.86	70.84	112.70	175.56	186.28	220.57	396.06
\$150,000	12.15	13.80	17.25	31.05	44.85	75.90	120.75	188.10	199.58	236.33	424.35
\$160,000	12.96	14.72	18.40	33.12	47.84	80.96	128.80	200.64	212.89	252.08	452.64
\$170,000	13.77	15.64	19.55	35.19	50.83	86.02	136.85	213.18	226.19	267.84	480.93
\$180,000	14.58	16.56	20.70	37.26	53.82	91.08	144.90	225.72	239.50	283.59	509.22
\$190,000	15.39	17.48	21.85	39.33	56.81	96.14	152.95	238.26	252.80	299.35	537.51
\$200,000	16.20	18.40	23.00	41.40	59.80	101.20	161.00	250.80	266.11	315.10	565.80
\$210,000	17.01	19.32	24.15	43.47	62.79	106.26	169.05	263.34	279.42	330.86	594.09
\$220,000	17.82	20.24	25.30	45.54	65.78	111.32	177.10	275.88	292.72	346.61	622.38
\$230,000	18.63	21.16	26.45	47.61	68.77	116.38	185.15	288.42	306.03	362.37	650.67
\$240,000	19.44	22.08	27.60	49.68	71.76	121.44	193.20	300.96	319.33	378.12	678.96
\$250,000	20.25	23.00	28.75	51.75	74.75	126.50	201.25	313.50	332.64	393.88	707.25
\$260,000	21.06	23.92	29.90	53.82	77.74	131.56	209.30	326.04	345.94	409.63	735.54
\$270,000	21.87	24.84	31.05	55.89	80.73	136.62	217.35	338.58	359.25	425.39	763.83
\$280,000	22.68	25.76	32.20	57.96	83.72	141.68	225.40	351.12	372.55	441.14	792.12
\$290,000	23.49	26.68	33.35	60.03	86.71	146.74	233.45	363.66	385.86	456.90	820.41
\$300,000	24.30	27.60	34.50	62.10	89.70	151.80	241.50	376.20	399.17	472.65	848.70
\$310,000	25.11	28.52	35.65	64.17	92.69	156.86	249.55	388.74	412.47	488.41	876.99
\$320,000	25.92	29.44	36.80	66.24	95.68	161.92	257.60	401.28	425.78	504.16	905.28
\$330,000	26.73	30.36	37.95	68.31	98.67	166.98	265.65	413.82	439.08	519.92	933.57
\$340,000	27.54	31.28	39.10	70.38	101.66	172.04	273.70	426.36	452.39	535.67	961.86
\$350,000	28.35	32.20	40.25	72.45	104.65	177.10	281.75	438.90	465.69	551.43	990.15
\$360,000	29.16	33.12	41.40	74.52	107.64	182.16	289.80	451.44	479.00	567.18	1,018.44
\$370,000	29.97	34.04	42.55	76.59	110.63	187.22	297.85	463.98	492.30	582.94	1,046.73
\$380,000	30.78	34.96	43.70	78.66	113.62	192.28	305.90	476.52	505.61	598.69	1,075.02
\$390,000	31.59	35.88	44.85	80.73	116.61	197.34	313.95	489.06	518.91	614.45	1,103.31
\$400,000	32.40	36.80	46.00	82.80	119.60	202.40	322.00	501.60	532.22	630.20	1,131.60
\$410,000	33.21	37.72	47.15	84.87	122.59	207.46	330.05	514.14	545.53	645.96	1,159.89
\$420,000	34.02	38.64	48.30	86.94	125.58	212.52	338.10	526.68	558.83	661.71	1,188.18
\$430,000	34.83	39.56	49.45	89.01	128.57	217.58	346.15	539.22	572.14	677.47	1,216.47
\$440,000	35.64	40.48	50.60	91.08	131.56	222.64	354.20	551.76	585.44	693.22	1,244.76
\$450,000	36.45	41.40	51.75	93.15	134.55	227.70	362.25	564.30	598.75	708.98	1,273.05
\$460,000	37.26	42.32	52.90	95.22	137.54	232.76	370.30	576.84	612.05	724.73	1,301.34
\$470,000	38.07	43.24	54.05	97.29	140.53	237.82	378.35	589.38	625.36	740.49	1,329.63
\$480,000	38.88	44.16	55.20	99.36	143.52	242.88	386.40	601.92	638.66	756.24	1,357.92
\$490,000	39.69	45.08	56.35	101.43	146.51	247.94	394.45	614.46	651.97	772.00	1,386.21
\$500,000	40.50	46.00	57.50	103.50	149.50	253.00	402.50	627.00	665.28	787.75	1,414.50

\* Coverage amounts for ages 65 and over reduce due to age reduction (see Age Reductions section).