

Supplemental Life Insurance

Developed for the Members of

Association For Los Angeles Deputy Sheriffs (ALADS)

Who Needs Life Insurance?	
<p>You do. Single or Married. Buying your first home or preparing for retirement. Raising children or sending them off to college. No matter where you are in life, insurance should be a part of your financial plan. By purchasing this insurance product through your Union, you benefit from:</p> <ul style="list-style-type: none"> * Affordable group rates * Convenient payroll deductions * Access to knowledgeable service representatives 	
Who is Eligible for This Coverage?	
<p>You - If you are an active, full-time peace officer employed by the County of Los Angeles who is a member of bargaining unit 611 and a member of ALADS, or an active, full-time employee of ALADS working 30 or more hours per week. Your Spouse - Legal Spouse up to age 70 is eligible whether or not you apply for coverage yourself. Your unmarried, Dependent Children – At least 14 days old and under age 19 (or under age 26 if a full-time student).</p>	
How much Coverage Can You Buy?	<p>You – You can select coverage in units if \$10,000 to a maximum of \$500,000. Benefits over \$200,000 cannot be greater than 5 times your annual salary. Your Spouse – You may select coverage for your spouse in units of \$10,000 to a maximum of \$150,000. Your Unmarried, Dependent Children – You may select coverage in units of \$2,000 to a maximum of \$10,000.</p>
Guaranteed Coverage (GI):	<p>Initial Eligibility Period-- ALADS Member--\$100,000 Spouse-- \$30,000 Children-- \$10,000</p> <ul style="list-style-type: none"> • Amounts over Guaranteed Issue (GI) are subject to medical underwriting. • "Life event changes" (like marriage, divorce, birth/adoption of first dependent child) may allow you to apply outside of an Annual Enrollment approved by Reliance Standard for amounts up to the Initial Eligibility Period GI. Call (800)644-1103
Initial Eligibility Period; Late Entrant:	<p>Your initial eligibility period is the 31-day period starting on the date you <u>first</u> become eligible for this insurance.</p> <ul style="list-style-type: none"> • You are not eligible and cannot apply until your date of hire. • You must be actively performing all the regular duties of your occupation to apply.
Effective Date Of Coverage:	<p>Guarantee Issue - Effective on your date of hire. Amounts over Guarantee Issue- Effective first of the month coinciding with or following the date that Reliance Standard Life Insurance Co. medically approves you.</p>
Other Benefit Features:	<p>Living Benefit (also referred to as "Accelerated Death Benefit"): An insured may be able to receive 50% of his/her life insurance benefit to a max. of \$250,000 if he/she becomes terminally ill (as defined in the Certificate). Waiver of Premium: Premiums may be waived if you should become totally disabled (as defined in the Certificate). Portability of Coverage: You may be able to keep a portion of your insurance (and Dependent Insurance, if any) if you later become ineligible. Also, if your insured spouse becomes ineligible, he/she may be able to continue a portion of their coverage at the designated Portability rates. Conversion of Coverage: An insured may be able to convert his/her coverage to an individual insurance policy without having to furnish proof of good health.</p>
When You Reach Age 70:	<p>By the time you and your Spouse reach age 70, chances are that your children will be grown and your mortgage paid. At age 70, providing you are still employed, your coverage will decrease to 65% of the benefit amount; to 45% at age 75; and 30% at age 80. Premiums and Coverage for your spouse will end at age 70.</p>
Termination Of Insurance:	<p>The insurance coverage you elected for yourself and/or your dependents will end when the earliest of the following occurs: premium is not paid as required; you no longer meet the eligibility requirements*; you enter military service*; your Union's participation in the plan ends; you exercise the Conversion Privilege; the master Group Policy terminates. Additionally: the coverage on any insured dependent will end when he/she no longer meets the definition of an eligible dependent* or when he/she exercises the Conversion Privilege; the coverage on an insured Spouse will end when he/she reaches age 70.</p>
How Much Your Coverage Will Cost:	

ALADS Member and Spouse Age Band	ALADS Member Monthly Cost Per \$10,000 Elected	Spouse Monthly Cost Per \$10,000 Elected
Under 30	\$ 0.40	\$ 0.80
30-34	\$ 0.60	\$ 1.10
35-39	\$ 0.70	\$ 1.30
40-44	\$ 0.90	\$ 1.90
45-49	\$ 1.40	\$ 3.10
50-54	\$ 2.20	\$ 5.20
55-59	\$ 3.50	\$ 7.50
60-64	\$ 5.50	\$12.20
65-69	\$15.60	\$17.30
70+	\$15.60	Spouse must be under age 70 to be enrolled.

Children Rates: <ul style="list-style-type: none"> • One benefit amount and rate for all eligible children in family, regardless of number. 	Benefit Amount (as of age 6 mos.)	Monthly Rate
	\$2,000	\$0.50
	\$4,000	\$1.00
	\$6,000	\$1.50
	\$8,000	\$2.00
	\$10,000	\$2.50

Dependent children coverage includes a \$1,000 benefit for children age 14 days to 6 months.

To Determine Your Monthly Cost:

Member-

- Select a Benefit Amount for Yourself \$ _____ (A)
- Determine your rate based on your age band \$ _____ (B)
- (A) x (B) = _____ divided by \$10,000 = \$ _____ Your Monthly Rate

Example – Employee Age 46:

- Select a Benefit Amount for Yourself \$170,000 (A)
- Determine your rate based on your age band \$ 1.40 (B)
- (A)170,000 x (B) 1.40 = 238000 divided by \$10,000 = \$ 23.80 Your Monthly Cost

Spouse-

- Select a Benefit Amount for Your Spouse \$ _____ (A)
- Determine your Spouse's rate based on their age band \$ _____ (B)
- (A) x (B) = _____ divided by \$10,000 = \$ _____ Your Monthly Rate

Example – Spouse Age 32:

- Select a Benefit Amount for Your Spouse \$90,000 (A)
- Determine your Spouse's rate based on their age band \$ 1.10 (B)
- (A) 90,000 x (B) 1.10 = 99000 divided by \$10,000 = \$ 9.90 Your Spouse Monthly Cost

Child(ren)-

\$2,000 = \$.50 per Month
 \$4,000 = \$1.00 per Month
 \$6,000 = \$1.50 per Month
 \$8,000 = \$2.00 per Month
 \$10,000 = \$2.50 per Month

Member Monthly Cost	\$
Spouse Monthly Cost	\$
Dependent Children Monthly Cost	\$
Your Total Monthly Cost	\$

TO APPLY FOR THIS INSURANCE, PLEASE COMPLETE THE ACCOMPANYING APPLICATION.

INSURANCE APPLICATION

RELIANCE STANDARD

Life Insurance Company

a DELPHI company

(800)644-1103

ALADS MEMBER SECTION

Union: Association for Los Angeles Deputy Sheriffs (ALADS) Group Policy # GL 138337		Member's Full Legal Name (Last, First, M.I.)	
Date of Employment	Date of Birth	Social Security Number	Number of Hours Worked per Week
Reason For Request <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire ___/___/___ (date) <input type="checkbox"/> Life Event Change ___/___/___ (date)			Basic Annual Earnings \$ _____

Important: You must complete a separate Evidence of Insurability Form if your coverage exceeds the guaranteed issue amount, or you are applying more than 31 days after your are initially eligible to elect benefits.

SUPPLEMENTAL AND DEPENDENT LIFE INSURANCE

COVERAGE FOR MEMBER: You may elect any amount between \$10,000 and \$500,000 (not to exceed 5 x your salary), in increments of \$10,000. Benefits up to \$100,000 are available with no proof of good health. Evidence of Insurability will be required if your amount exceeds the above limit. **Please select one option:**

- I elect a \$ _____ Benefit
 No coverage for Myself

COVERAGE FOR SPOUSE: You may elect any amount between \$10,000 and \$150,000, in increments of \$10,000. Benefits up to \$30,000 are available with no proof of good health. Evidence of insurability will be required if your amount exceeds the above limit. **Please select one option:**

- I elect a \$ _____ Benefit for My Spouse
 No coverage for My Spouse

Spouse's Date of Birth: ___/___/___ Spouse's Social Security #: _____-____-____ Date of Marriage: ___/___/___

COVERAGE FOR CHILD(REN): You may elect any amount between \$2,000 and \$10,000, in increments of \$2,000 with no proof of good health. *Coverage for children from the age of 14 days to 6 months is limited to \$500. **Please select one option:**

- I elect a \$ _____ Benefit for My Child(ren)
 No coverage for My Child(ren)

BENEFICIARY DESIGNATION

On the lines directly below, list the individual(s) that you want to receive proceeds in the event of your death. You may specify as many individuals as you would like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. Proceeds for the loss of a covered family member will be paid to you. **If you do not name a beneficiary or if no beneficiaries are alive at the time of your death, payment will be made pursuant to the terms of the applicable policy.**

Insured	Beneficiary Name, Address and Phone Number	Percentage	Social Security Number	Date of Birth	Relationship
Member					
Spouse					
Child(ren)					

AUTHORIZATION

I understand that Medical Evidence of Insurability (EOI) will be required if I apply for coverage more than **31 days** past my eligibility date. Evidence of Insurability will also be required:

- For coverage in excess of the guaranteed issue limits;
- If I want to increase my existing coverage or add coverage at a later date for myself and/or my family members;
- If I decline coverage and then want coverage on myself and/or my family members;
- If an applicant was previously declined for coverage by Reliance Standard Life Insurance Company, postponed, had an application withdrawn or voluntarily terminated insurance with RSL.

Any Medical Evidence of Insurability must be furnished at my own expense. I understand that when Medical Evidence of Insurability is required, coverage will not go into effect until the application is approved by Reliance Standard Life Insurance Company. The insurance company has the right to refuse my coverage request. I represent that to the best of my knowledge each of the statements and answers on this Enrollment Form are complete and true. I authorize my employer to deduct from my salary the applicable premiums for the group life insurance coverage for which I am applying.

You must sign and date this form to be covered. Please make a copy for your records.

Member Signature: _____ Today's Date: ___/___/___

State law requires that we notify you of the following: **FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RELIANCE STANDARD LIFE INSURANCE COMPANY

(Computer generated and laser printed in-house)

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