



### Additional Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through the City of Riverside. 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 February 1, 2006. The City of Riverside 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 benefited employee of the City of Riverside, regularly working at least 20 hours each week
- Plan does not cover temporary or seasonal employees, full time members of the armed forces, leased employees or independent contractors
- For Dependents Life insurance – Your *spouse* or *children* must not be full-time members of the armed forces

### Employee Coverage Amount

You may elect Additional Life coverage in units of \$10,000, to a maximum of \$300,000.

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. **However, during the one-time open enrollment period from November 1, 2010 through November 19, 2010, employees may elect coverage up to the Guarantee Issue amount of \$100,000 without having to submit evidence of insurability.**

### Spouse Coverage Amount

You must be enrolled in the Additional Life plan to enroll your spouse. This coverage is available in units of \$5,000 to a maximum of \$150,000, but not to exceed 100 percent of your combined Basic and Additional Life coverage.

If you elect an amount for your *spouse* greater than \$50,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

### Coverage Amount for Children

You must be enrolled in the Additional Life plan to enroll your *child(ren)*. You have a choice to elect \$2,000, \$5,000 or \$10,000 of Dependents Life insurance for your eligible *children*. This amount may not exceed 50 percent of your Additional Life coverage. All late applications and requests for coverage increases will be subject to medical underwriting approval.

*Child* means your unmarried *child* from live birth through age 25, regardless of student status.

**Employee Rates**

If you elect Additional Life insurance, your monthly premium 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 January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.064
30-34	\$0.068
35-39	\$0.086
40-44	\$0.117
45-49	\$0.185
50-54	\$0.272
55-59	\$0.430
60-64	\$0.666
65-69	\$1.306
70-74	\$2.239
75+	\$7.382

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional 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 rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 4 & 5 for more information pertaining to rate calculation. Line 4: \_\_\_\_\_

**Spouse Rates**

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

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.064
30-34	\$0.068
35-39	\$0.086
40-44	\$0.117
45-49	\$0.185
50-54	\$0.272
55-59	\$0.430
60-64	\$0.666
65-69	\$1.306
70-74	\$2.239
75+	\$7.382

To calculate the premium for your *spouse*:

1. Amount Elected: Write this amount on the Dependent Life Spouse 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 rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 6 & 7 for more information pertaining to rate calculation for your *spouse*. Line 4: \_\_\_\_\_

**Child(ren) Rates**

If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.40 for \$2,000, \$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*
- An *evidence of insurability* requirement
- 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 1 days of *active work* as an eligible employee.

### Age Reductions

Under this plan, coverage reduces by 8 percent at age 65, 16 percent at age 66, 24 percent at age 67, 32 percent at age 68, 34 percent at age 69, and 75 percent at age 70. If you, or your spouse, 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.

### 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 your *employer'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

### 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 Monthly Premiums

Coverage Amount	Employee's Age as of January 1							
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$10,000	0.64	0.68	0.86	1.17	1.85	2.72	4.30	6.66
\$20,000	1.28	1.36	1.72	2.34	3.70	5.44	8.60	13.32
\$30,000	1.92	2.04	2.58	3.51	5.55	8.16	12.90	19.98
\$40,000	2.56	2.72	3.44	4.68	7.40	10.88	17.20	26.64
\$50,000	3.20	3.40	4.30	5.85	9.25	13.60	21.50	33.30
\$60,000	3.84	4.08	5.16	7.02	11.10	16.32	25.80	39.96
\$70,000	4.48	4.76	6.02	8.19	12.95	19.04	30.10	46.62
\$80,000	5.12	5.44	6.88	9.36	14.80	21.76	34.40	53.28
\$90,000	5.76	6.12	7.74	10.53	16.65	24.48	38.70	59.94
\$100,000	6.40	6.80	8.60	11.70	18.50	27.20	43.00	66.60
\$110,000	7.04	7.48	9.46	12.87	20.35	29.92	47.30	73.26
\$120,000	7.68	8.16	10.32	14.04	22.20	32.64	51.60	79.92
\$130,000	8.32	8.84	11.18	15.21	24.05	35.36	55.90	86.58
\$140,000	8.96	9.52	12.04	16.38	25.90	38.08	60.20	93.24
\$150,000	9.60	10.20	12.90	17.55	27.75	40.80	64.50	99.90
\$160,000	10.24	10.88	13.76	18.72	29.60	43.52	68.80	106.56
\$170,000	10.88	11.56	14.62	19.89	31.45	46.24	73.10	113.22
\$180,000	11.52	12.24	15.48	21.06	33.30	48.96	77.40	119.88
\$190,000	12.16	12.92	16.34	22.23	35.15	51.68	81.70	126.54
\$200,000	12.80	13.60	17.20	23.40	37.00	54.40	86.00	133.20
\$210,000	13.44	14.28	18.06	24.57	38.85	57.12	90.30	139.86
\$220,000	14.08	14.96	18.92	25.74	40.70	59.84	94.60	146.52
\$230,000	14.72	15.64	19.78	26.91	42.55	62.56	98.90	153.18
\$240,000	15.36	16.32	20.64	28.08	44.40	65.28	103.20	159.84
\$250,000	16.00	17.00	21.50	29.25	46.25	68.00	107.50	166.50
\$260,000	16.64	17.68	22.36	30.42	48.10	70.72	111.80	173.16
\$270,000	17.28	18.36	23.22	31.59	49.95	73.44	116.10	179.82
\$280,000	17.92	19.04	24.08	32.76	51.80	76.16	120.40	186.48
\$290,000	18.56	19.72	24.94	33.93	53.65	78.88	124.70	193.14
\$300,000	19.20	20.40	25.80	35.10	55.50	81.60	129.00	199.80

**Employee Additional Life Monthly Premiums (Continued)**

Coverage Amount	Employee's Age as of January 1						
	65*	66*	67*	68*	69*	70-74*	75+*
\$10,000	12.02	10.97	9.93	9.40	8.62	5.60	18.46
\$20,000	24.03	21.94	19.85	18.81	17.24	11.20	36.91
\$30,000	36.05	32.91	29.78	28.21	25.86	16.79	55.37
\$40,000	48.06	43.88	39.70	37.61	34.48	22.39	73.82
\$50,000	60.08	54.85	49.63	47.02	43.10	27.99	92.28
\$60,000	72.09	65.82	59.55	56.42	51.72	33.59	110.73
\$70,000	84.11	76.79	69.48	65.82	60.34	39.18	129.19
\$80,000	96.12	87.76	79.40	75.23	68.96	44.78	147.64
\$90,000	108.14	98.73	89.33	84.63	77.58	50.38	166.10
\$100,000	120.15	109.70	99.26	94.03	86.20	55.98	184.55
\$110,000	132.17	120.67	109.18	103.44	94.82	61.57	203.01
\$120,000	144.18	131.64	119.11	112.84	103.44	67.17	221.46
\$130,000	156.20	142.62	129.03	122.24	112.05	72.77	239.92
\$140,000	168.21	153.59	138.96	131.64	120.67	78.37	258.37
\$150,000	180.23	164.56	148.88	141.05	129.29	83.96	276.83
\$160,000	192.24	175.53	158.81	150.45	137.91	89.56	295.28
\$170,000	204.26	186.50	168.74	159.85	146.53	95.16	313.74
\$180,000	216.27	197.47	178.66	169.26	155.15	100.76	332.19
\$190,000	228.29	208.44	188.59	178.66	163.77	106.35	350.65
\$200,000	240.30	219.41	198.51	188.06	172.39	111.95	369.10
\$210,000	252.32	230.38	208.44	197.47	181.01	117.55	387.56
\$220,000	264.33	241.35	218.36	206.87	189.63	123.15	406.01
\$230,000	276.35	252.32	228.29	216.27	198.25	128.74	424.47
\$240,000	288.36	263.29	238.21	225.68	206.87	134.34	442.92
\$250,000	300.38	274.26	248.14	235.08	215.49	139.94	461.38
\$260,000	312.40	285.23	258.07	244.48	224.11	145.54	479.83
\$270,000	324.41	296.20	267.99	253.89	232.73	151.13	498.29
\$280,000	336.43	307.17	277.92	263.29	241.35	156.73	516.74
\$290,000	348.44	318.14	287.84	272.69	249.97	162.33	535.20
\$300,000	360.46	329.11	297.77	282.10	258.59	167.93	553.65

\* 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 January 1							
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$5,000	0.32	0.34	0.43	0.59	0.93	1.36	2.15	3.33
\$10,000	0.64	0.68	0.86	1.17	1.85	2.72	4.30	6.66
\$15,000	0.96	1.02	1.29	1.76	2.78	4.08	6.45	9.99
\$20,000	1.28	1.36	1.72	2.34	3.70	5.44	8.60	13.32
\$25,000	1.60	1.70	2.15	2.93	4.63	6.80	10.75	16.65
\$30,000	1.92	2.04	2.58	3.51	5.55	8.16	12.90	19.98
\$35,000	2.24	2.38	3.01	4.10	6.48	9.52	15.05	23.31
\$40,000	2.56	2.72	3.44	4.68	7.40	10.88	17.20	26.64
\$45,000	2.88	3.06	3.87	5.27	8.33	12.24	19.35	29.97
\$50,000	3.20	3.40	4.30	5.85	9.25	13.60	21.50	33.30
\$55,000	3.52	3.74	4.73	6.44	10.18	14.96	23.65	36.63
\$60,000	3.84	4.08	5.16	7.02	11.10	16.32	25.80	39.96
\$65,000	4.16	4.42	5.59	7.61	12.03	17.68	27.95	43.29
\$70,000	4.48	4.76	6.02	8.19	12.95	19.04	30.10	46.62
\$75,000	4.80	5.10	6.45	8.78	13.88	20.40	32.25	49.95
\$80,000	5.12	5.44	6.88	9.36	14.80	21.76	34.40	53.28
\$85,000	5.44	5.78	7.31	9.95	15.73	23.12	36.55	56.61
\$90,000	5.76	6.12	7.74	10.53	16.65	24.48	38.70	59.94
\$95,000	6.08	6.46	8.17	11.12	17.58	25.84	40.85	63.27
\$100,000	6.40	6.80	8.60	11.70	18.50	27.20	43.00	66.60
\$105,000	6.72	7.14	9.03	12.29	19.43	28.56	45.15	69.93
\$110,000	7.04	7.48	9.46	12.87	20.35	29.92	47.30	73.26
\$115,000	7.36	7.82	9.89	13.46	21.28	31.28	49.45	76.59
\$120,000	7.68	8.16	10.32	14.04	22.20	32.64	51.60	79.92
\$125,000	8.00	8.50	10.75	14.63	23.13	34.00	53.75	83.25
\$130,000	8.32	8.84	11.18	15.21	24.05	35.36	55.90	86.58
\$135,000	8.64	9.18	11.61	15.80	24.98	36.72	58.05	89.91
\$140,000	8.96	9.52	12.04	16.38	25.90	38.08	60.20	93.24
\$145,000	9.28	9.86	12.47	16.97	26.83	39.44	62.35	96.57
\$150,000	9.60	10.20	12.90	17.55	27.75	40.80	64.50	99.90

**Spouse Dependents Life Monthly Premiums (Continued)**

Coverage Amount	Employee's Age as of January 1						
	65*	66*	67*	68*	69*	70-74*	75+*
\$5,000	6.01	5.49	4.96	4.70	4.31	2.80	9.23
\$10,000	12.02	10.97	9.93	9.40	8.62	5.60	18.46
\$15,000	18.02	16.46	14.89	14.10	12.93	8.40	27.68
\$20,000	24.03	21.94	19.85	18.81	17.24	11.20	36.91
\$25,000	30.04	27.43	24.81	23.51	21.55	13.99	46.14
\$30,000	36.05	32.91	29.78	28.21	25.86	16.79	55.37
\$35,000	42.05	38.40	34.74	32.91	30.17	19.59	64.59
\$40,000	48.06	43.88	39.70	37.61	34.48	22.39	73.82
\$45,000	54.07	49.37	44.67	42.31	38.79	25.19	83.05
\$50,000	60.08	54.85	49.63	47.02	43.10	27.99	92.28
\$55,000	66.08	60.34	54.59	51.72	47.41	30.79	101.50
\$60,000	72.09	65.82	59.55	56.42	51.72	33.59	110.73
\$65,000	78.10	71.31	64.52	61.12	56.03	36.38	119.96
\$70,000	84.11	76.79	69.48	65.82	60.34	39.18	129.19
\$75,000	90.11	82.28	74.44	70.52	64.65	41.98	138.41
\$80,000	96.12	87.76	79.40	75.23	68.96	44.78	147.64
\$85,000	102.13	93.25	84.37	79.93	73.27	47.58	156.87
\$90,000	108.14	98.73	89.33	84.63	77.58	50.38	166.10
\$95,000	114.14	104.22	94.29	89.33	81.89	53.18	175.32
\$100,000	120.15	109.70	99.26	94.03	86.20	55.98	184.55
\$105,000	126.16	115.19	104.22	98.73	90.51	58.77	193.78
\$110,000	132.17	120.67	109.18	103.44	94.82	61.57	203.01
\$115,000	138.17	126.16	114.14	108.14	99.13	64.37	212.23
\$120,000	144.18	131.64	119.11	112.84	103.44	67.17	221.46
\$125,000	150.19	137.13	124.07	117.54	107.75	69.97	230.69
\$130,000	156.20	142.62	129.03	122.24	112.05	72.77	239.92
\$135,000	162.21	148.10	134.00	126.94	116.36	75.57	249.14
\$140,000	168.21	153.59	138.96	131.64	120.67	78.37	258.37
\$145,000	174.22	159.07	143.92	136.35	124.98	81.16	267.60
\$150,000	180.23	164.56	148.88	141.05	129.29	83.96	276.83

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