



Voluntary Term Life Insurance

FOR EMPLOYEES OF ANTELOPE VALLEY MEDICAL CENTER

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 24 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or child(ren) to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
For You	1 times annual salary	5 times annual salary, up to \$150,000	5 times annual salary, up to \$650,000
Spouse	\$5,000	100% of employee's benefit, up to \$25,000	100% of employee's benefit, in increments of \$5,000, up to \$250,000
Child(ren)	\$2,000	100% of employee's benefit	100% of employee's benefit, in increments of \$1,000, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS

Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. This plan includes the option to select coverage for your spouse and dependent child(ren). Child(ren) include those up to age 26. In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
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FEATURES

Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$500,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to increase your coverage at your next enrollment by up to 1 times your annual salary, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment or class membership ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

SERVICES

Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

Will Prep Services

We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 45%
- At age 75, amounts reduce to 30%
- At age 80, amounts reduce to 20%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Please contact your employer if you have questions prior to enrolling.

Coverage Selection and Premium Calculation – Employee

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

Use the rates in the Age/Premium Table to calculate your benefit and premium for Voluntary Term Life coverage in the worksheet below, using the example as a guide.

AGE/PREMIUM TABLE	
Age	Rate (per \$1,000 of coverage)
0 - 24	\$0.05
25 - 29	\$0.05
30 - 34	\$0.07
35 - 39	\$0.07
40 - 44	\$0.08
45 - 49	\$0.12
50 - 54	\$0.17
55 - 59	\$0.32
60 - 64	\$0.48
65 - 69	\$0.93
70 - 74	\$0.97
75 - 79	\$0.97
80+	\$0.97

BENEFIT AND PREMIUM CALCULATION EXAMPLE	
This example is for a 42-year-old employee, earning \$41,676.51 a year.	
A. Enter your annual salary*	\$41,676.51
B. Determine the amount of coverage you want: (1 to 5 times annual salary, in increments of 1)	3
C. Multiply "A" times "B"	\$125,029.53
D. Round "C" up to the next higher \$1,000	\$126,000
E. Enter the Maximum coverage amount (5 times "A" rounded up to the next higher \$1,000, or \$650,000, whichever is less)	\$209,000
F. Enter the lesser of "D" or "E"; This is your benefit amount	\$126,000
G. Divide "F" by 1,000	126
H. Enter the annual rate for your age (from the Age/Premium Table)	\$0.08
I. Multiply "G" times "H"	\$10.08
J. Multiply "I" by 12	\$120.96
K. Enter the pay cycle	26
L. Divide "J" by "K"; This is your cost per paycheck	\$4.65

BENEFIT AND PREMIUM CALCULATION WORKSHEET	
A. Enter your annual salary*	
B. Determine the amount of coverage you want: (1 to 5 times annual salary, in increments of 1)	
C. Multiply "A" times "B"	
D. Round "C" up to the next higher \$1,000	
E. Enter the Maximum coverage amount (5 times "A" rounded up to the next higher \$1,000, or \$650,000, whichever is less)	
F. Enter the lesser of "D" or "E"; This is your benefit amount	
G. Divide "F" by 1,000	

H. Enter the annual rate for your age (from the Age/Premium Table)	
I. Multiply "G" times "H"	
J. Multiply "I" by 12	
K. Enter the pay cycle	26
L. Divide "J" by "K"; This is your cost per paycheck	

*If you are uncertain what your current annual salary is, please consult your employer.

To enroll for Voluntary Term Life coverage:

- 1) Indicate the amount of coverage you want by checking the appropriate box in the Voluntary Term Life Benefit Amount section on your enrollment form.
- 2) Enter the amount from line "L" in your worksheet into the Voluntary Term Life Premium Amount section on your enrollment form.

Coverage Selection and Premium Calculation – Dependents

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select a benefit amount and calculate the premium for dependent spouse coverage, do the following:

- 1) Locate the benefit amount you want to select for your spouse from the top row of the premium table. The benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table.

- 3) The premium amount is found in the box where the row (the age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$100,000 in coverage, you obtain your spouse's premium amount by multiplying the rate for \$50,000 times 2.

SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 24	\$0.12	\$0.23	\$0.35	\$0.46	\$0.58	\$0.69	\$0.81	\$0.92	\$1.04	\$1.15
25 - 29	\$0.12	\$0.24	\$0.36	\$0.47	\$0.59	\$0.71	\$0.83	\$0.94	\$1.06	\$1.18
30 - 34	\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50
35 - 39	\$0.17	\$0.33	\$0.50	\$0.66	\$0.83	\$1.00	\$1.16	\$1.33	\$1.50	\$1.66
40 - 44	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
45 - 49	\$0.27	\$0.54	\$0.80	\$1.07	\$1.34	\$1.61	\$1.87	\$2.14	\$2.41	\$2.68
50 - 54	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.19	\$3.60	\$3.99
55 - 59	\$0.73	\$1.47	\$2.20	\$2.94	\$3.67	\$4.40	\$5.14	\$5.87	\$6.60	\$7.34
60 - 64	\$1.12	\$2.24	\$3.36	\$4.48	\$5.60	\$6.72	\$7.84	\$8.95	\$10.08	\$11.19
65 - 69	\$2.14	\$4.27	\$6.41	\$8.54	\$10.68	\$12.81	\$14.94	\$17.08	\$19.21	\$21.35

To select a benefit amount and calculate the premium for dependent child coverage, do the following:

- 1) Locate the benefit amount you want for your child(ren) from the top row of the premium table. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) The premium amount is found in the box below the benefit amount.
- 3) Enter the benefit and premium amounts for your child(ren) into their respective areas in the Voluntary Life section of your enrollment form.

ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)*									
\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	
\$0.14	\$0.21	\$0.28	\$0.35	\$0.42	\$0.48	\$0.55	\$0.62	\$0.69	

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

>Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 24 hours per week.

Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 65, amounts reduce to 65%
 - At age 70, amounts reduce to 45%
 - At age 75, amounts reduce to 30%
 - At age 80, amounts reduce to 20%
- Spouse coverage terminates when you reach age 70.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number G2018MP or state equivalent (in NC: G2018MP NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.

