



Frisco ISD GFZ02332 - BENEFITS AT A GLANCE

Effective 10-1-06, Fort Dearborn Life Insurance Company (FDL) will be your Voluntary Life Insurance carrier. Your benefits are outlined below.

VOLUNTARY GROUP TERM LIFE

Any full-time, active employee working at least 20 hours per week is eligible to elect Voluntary Life coverage for themselves and their eligible dependents. The employee benefit amount may not exceed seven times the employee's annual salary. **The amount of coverage elected for a dependent cannot exceed the employee's benefit amount.** Coverage reduces to 65% of the original amount upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement. Reductions for Spouse Term Life will be based on the spouse's age.

Guaranteed Issue:	Employee	\$400,000
	Spouse	\$75,000
	Child	
	Age 15 days to 6 months	\$100
	Age 6 months to age 25 and unmarried full-time students	\$1,000 increments to \$10,000 (\$0.20 per \$1,000 per family)

MONTHLY Premium Cost (based on 12 payroll deductions per year)

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
10,000	\$ 0.50	\$ 0.70	\$ 0.80	\$ 0.90	\$ 1.40	\$ 2.10	\$ 3.90	\$ 6.00	\$ 11.50	\$ 18.50	\$ 22.00
20,000	1.00	1.40	1.60	1.80	2.80	4.20	7.80	12.00	23.00	37.00	44.00
30,000	1.50	2.10	2.40	2.70	4.20	6.30	11.70	18.00	34.50	55.50	66.00
40,000	2.00	2.80	3.20	3.60	5.60	8.40	15.60	24.00	46.00	74.00	88.00
50,000	2.50	3.50	4.00	4.50	7.00	10.50	19.50	30.00	57.50	92.50	110.00
60,000	3.00	4.20	4.80	5.40	8.40	12.60	23.40	36.00	69.00	111.00	132.00
70,000	3.50	4.90	5.60	6.30	9.80	14.70	27.30	42.00	80.50	129.50	154.00
80,000	4.00	5.60	6.40	7.20	11.20	16.80	31.20	48.00	92.00	148.00	176.00
90,000	4.50	6.30	7.20	8.10	12.60	18.90	35.10	54.00	103.50	166.50	198.00
100,000	5.00	7.00	8.00	9.00	14.00	21.00	39.00	60.00	115.00	185.00	220.00
110,000	5.50	7.70	8.80	9.90	15.40	23.10	42.90	66.00	126.50	203.50	242.00
120,000	6.00	8.40	9.60	10.80	16.80	25.20	46.80	72.00	138.00	222.00	264.00
130,000	6.50	9.10	10.40	11.70	18.20	27.30	50.70	78.00	149.50	240.50	286.00
140,000	7.00	9.80	11.20	12.60	19.60	29.40	54.60	84.00	161.00	259.00	308.00
150,000	7.50	10.50	12.00	13.50	21.00	31.50	58.50	90.00	172.50	277.50	330.00

*Additional benefit amounts are available in \$10,000 increments to a maximum of \$500,000.
Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations
(Policy number FDL1-2230-999/Policy number ML2230)*

VOLUNTARY GROUP Accidental Death and Dismemberment (AD&D)

Any full-time, active employee working at least 20 hours per week is eligible to elect Voluntary AD&D coverage.

The **Individual Plan** covers you in the event of accidental death or dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. The cost for this coverage is \$0.05 per \$1,000 of benefit.

The **Family Plan** covers you and your eligible dependents in the event of accident or dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. The cost for this coverage is \$0.08 per \$1,000 of benefit.

Coverage reduces to 65% of the original amount upon attainment of age 65, further reduces to 50% of the original amount upon attainment of age 70, and terminates at retirement.

Your Basic and Voluntary Group Term Life coverage automatically includes:

Waiver of Premium: Your term life coverage may continue to age 65 at no cost to you if you become totally disabled prior to age 60, subject to the requirements of this benefit.

Accelerated Death Benefit: If you are diagnosed with a Terminal Condition which with reasonable medical certainty will result in your death within 12 months, you may choose to accelerate up to 50% of your group term life insurance amount. This sum is limited to a maximum of \$150,000 and a minimum of \$7,500. The amount of the accelerated payment will reduce the death benefit payable under the term life coverage by the amount of the requested payment.

Conversion Option: Should you leave your employment with Frisco ISD, you may convert your term life coverage to an individual whole life insurance policy. The request to convert must be made within 31 days following termination of coverage.

Portability Option: Should you leave your employment with Frisco ISD, you may port your term life coverage for as long as the group policy is in force. The request to port must be made within 31 days following termination of coverage. Upon termination of the group policy, you will have the option to convert your coverage so long as the request is received within 31 days of the group's termination.

This summary is for illustrative purposes only and does not constitute a contract. The full terms and conditions of the coverage you select will be contained in the policies provided to Frisco ISD. If there is any discrepancy between this benefit description and the policy, the terms of the policy will control.

Basic and Voluntary Life Insurance is Underwritten by:

Fort Dearborn Life Insurance Company