Group Critical Illness Insurance



AIMS Benefit Trust

Coverage

Critical illness insurance provides a fixed, lump- sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

Eligibility

Employees: Each Active Full-Time Employee working 20 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

Your legal spouse or your domestic partner.
Spouse must be under age 70 at date of application.
Coverage terminates at age 75.

> Your dependent children* from birth to 26 years.

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

A person may not have coverage as both an Employee and Dependent.

Benefit Amount

Employee: Option of \$5,000, \$10,000, \$15,000 or \$20,000 Spouse: Option of \$5,000, \$10,000, \$15,000 or \$20,000 (not to exceed 100% of approved employee amount). Dependent child(ren): 25% of approved employee amount up to a maximum of \$5,000

Guaranteed Issue

Employee: \$20,000 Spouse: \$20,000 Child: All child amounts are guaranteed issue

Benefit Reduction Due to Age

(applicable to employee/spouse coverage)							
Age	Original Benefit Reduced to:						
70	50%						

Contribution Requirements

Contribution requirements determined by Employer



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Plan Features

Lifetime Maximum Benefit - 1;	,000% of Insurance Amount
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- Subsequent Occurrence Benefit 100% of benefit if diagnosed 3 months or later
- RecurrenceBenefit(SameIllness)-50%ifdiagnosed 6 months or later
- FMLA / MSLA Continuation
- Portability to employee age 70

Exclusions

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features (Recurrence).

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance, which also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9537-0118, et al.

Adult Diagnosis	Benefit				
Benign Brain Tumor	100%				
Carcinoma in Situ - Partial Benefit	25%				
Coma	100%				
Coronary Disease - Partial Benefit	25%				
Heart Attack	100%				
Life Threatening Cancer	100%				
Loss of Sight	100%				
Loss of Hearing	100%				
Major Organ Failure (ie. Heart Failure, Renal Failure)	100%				
Motor Neuron Disease (ie. ALS, Lou Gehrig's)	100%				
Paralysis	100%				
Ruptured Cerebral; Carotid or Aortic Aneurysm	100%				
Stroke	100%				

Child Diagnosis	Benefit					
Cerebral Palsy	25%					
Cleft Lip or Palate	25%					
Cystic Fibrosis	25%					
Down Syndrome	25%					
Muscular Dystrophy	25%					
Spina Bifida	25%					
Type 1 Diabetes	25%					

RELIANCE STANDARD

RELIANCE STANDARD

Plan Highlights

Group Critical Illness Insurance



Critical Illness Insurance Premium Table

Plan Holder: AIMS Benefit Trust

Employee & Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band:
 - Your age = your age at your last birthday.
 - Spouse age = your age at your last birthday.
 - For employees age 70 or older, benefit amounts are reduced according to the age-based reduction chart shown in the Plan Highlights. When selecting an amount of insurance, you must select at pre-age 70 benefit amount.
- Select a benefit from:
 - Select an employee and spouse benefit from the table below.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

Employee	Monthly	Premiums
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Benefit Amount	Age <30	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$0.90	\$1.30	\$1.70	\$2.60	\$4.15	\$6.15	\$8.45	\$12.00	\$17.40	\$26.15	\$43.45	\$54.35	\$86.30
\$10,000	\$1.80	\$2.60	\$3.40	\$5.20	\$8.30	\$12.30	\$16.90	\$24.00	\$34.80	\$52.30	\$86.90	\$108.70	\$172.60
\$15,000	\$2.70	\$3.90	\$5.10	\$7.80	\$12.45	\$18.45	\$25.35	\$36.00	\$52.20	\$78.45	\$130.35	\$163.05	\$258.90
\$20,000	\$3.60	\$5.20	\$6.80	\$10.40	\$16.60	\$24.60	\$33.80	\$48.00	\$69.60	\$104.60	\$173.80	\$217.40	\$345.20

Spouse Monthly Premiums

Benefit Amount	Age <30	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$0.90	\$1.30	\$1.70	\$2.60	\$4.15	\$6.15	\$8.45	\$12.00	\$17.40	\$26.15	\$43.45	\$54.35	\$86.30
\$10,000	\$1.80	\$2.60	\$3.40	\$5.20	\$8.30	\$12.30	\$16.90	\$24.00	\$34.80	\$52.30	\$86.90	\$108.70	\$172.60
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Child(ren) Monthly Premiums

Benefit Amount	Monthly Premium	Benefit Amount	Monthly Premium	Benefit Amount	Monthly Premium	Benefit Amount	Monthly Premium
\$1,250	\$0.55	\$2,500	\$1.10	\$3,750	\$1.65	\$5,000	\$2.20

Please Note: One rate and benefit amount for all eligible children in family, regardless of number of children.

Please read this important information

- You may not have coverage as both an employee and as a dependent.

- Employee must have coverage in order for spouse and dependent children to be covered.



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