

Plan Highlights

Group Supplemental and Dependent Life Insurance



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ELIGIBILITY

Each Active, Full-Time Employee working 30 or more hours per week, Part-Time Active Of Counsel working 20 or more hours per week, excluding Consulting of Counsel and 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 not legally separated or divorced from you or your domestic partner.
- ▶ your children Birth to Age 26*

*natural and adopted children; stepchildren and foster children in your custody.

Age limit does not apply to handicapped children.

- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Supplemental Life: Employee

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments

(Subject to a five (5) x Earnings Cap)

Dependent Life:

Spouse:

Choose from a minimum of \$5,000 to a maximum of \$100,000 in \$5,000 increments

(Spouse amount may not exceed 100% of Employee amount)

Dependent Child(ren)

Birth to 6 Months : \$1,000

6 Months to Age 26 : Choice of \$5,000 / \$10,000 / \$15,000 / \$20,000 / \$25,000

GUARANTEED ISSUE

(INITIAL ELIGIBILITY PERIOD ONLY)

Employee: \$100,000

Spouse: \$30,000

Child: all child amounts are guaranteed issue

BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

| Age | Original Benefit |
|-----|------------------|
| | Reduced To |
| 65 | 65% |
| 70 | 50% |

FEATURES

- ▶ Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- ▶ Conversion Privilege
- ▶ Portability
- ▶ Waiver of Premium

EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and 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-6422, et al.

Supplemental Life Cost – Employee and Spouse

| Age | | Rate/\$1,000 | Age | | Rate/\$1,000 |
|-------|--|--------------|-------|--|--------------|
| 18-24 | | \$0.06 | 60-64 | | \$0.57 |
| 25-29 | | \$0.06 | 65-69 | | \$0.99 |
| 30-34 | | \$0.06 | 70-74 | | \$1.95 |
| 35-39 | | \$0.07 | 75-79 | | \$3.99 |
| 40-44 | | \$0.10 | 80-84 | | \$3.99 |
| 45-49 | | \$0.15 | 85-89 | | \$3.99 |
| 50-54 | | \$0.24 | 90-94 | | \$3.99 |
| 55-59 | | \$0.37 | 95-99 | | \$3.99 |

Dependent Child(ren) Coverage Cost

| | |
|-----------------------------|--------|
| Child(ren) Rate per \$1,000 | \$0.15 |
|-----------------------------|--------|