

## LESBIAN & GAY COMMUNITY SERVICES CENTER, INC.

**Life Benefit Summary** 

## **Group Number: 00386684**

### A Life insurance plan through Guardian provides:

- · The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- · Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

### **About Your Benefits:**

	<b>VOLUNTARY TERM LIFE</b>			
Employee Benefit	You may elect one of the following benefit options: \$20,000, \$25,000, \$50,000, \$75,000, \$100,000. See Cost Illustration page for details.			
Spouse/Domestic Partner Benefit	50% of employee coverage to a max of \$50,000‡			
Child Benefit	Your dependent children age 14 days to 23 years (25 if full time student).  10% of employee coverage to a max of \$10,000. Coverage limits are based on child age.			
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee \$100,000. Spouse \$10,000. Dependent children \$10,000.			
Premiums	Increase on plan anniversary after you enter next five-year age group			
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions			
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits			
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes			
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met			
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80			

Subject to coverage limits

<sup>&</sup>lt;sup>‡</sup> Spouse/DP coverage terminates at age 70.

# Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

## **Need Assistance?**

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00386684

## **Voluntary Life Cost Illustration:**

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style. To help you assess your needs, you can also go to Guardian Anytime and view a video: <a href="https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life">https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life</a>

#### **Voluntary Life Cost Illustration**

		Weekly premiums displayed.									
		Policy Election Cost Per Age Bracket									
		< 30	30-34	35-39	40-44	45-49	50-54	55–59	60–64	65–69 <sup>†</sup>	
\$20,000 Policy E	lection Amount										
Employee	\$20,000	\$.28	\$.42	\$.60	\$.92	\$1.57	\$2.77	\$4.57	\$7.57	\$11.54	
Spouse	\$10,000	\$.14	\$.21	\$.30	\$.46	\$.79	\$1.39	\$2.29	\$3.79	\$5.77	
Child	\$2,000	\$.09	\$.09	\$.09	\$.09	\$.09	\$.09	\$.09	\$.09	\$.09	
\$25,000 Policy E	lection Amount										
Employee	\$25,000	\$.35	\$.52	\$.75	\$1.15	\$1.96	\$3.46	\$5.7I	\$9.46	\$14.42	
Spouse	\$12,500	\$.17	\$.26	\$.38	\$.58	\$.98	\$1.73	\$2.86	\$4.73	\$7.2 I	
Child	\$2,500	\$.11	\$.11	\$.11	\$.11	\$.11	\$.11	\$.11	\$.11	\$.11	
\$50,000 Policy E	lection Amount										
Employee	\$50,000	\$.69	\$1.0 <del>4</del>	\$1.50	\$2.31	\$3.92	\$6.92	\$11. <del>4</del> 2	\$18.92	\$28.85	
Spouse	\$25,000	\$.35	\$.52	\$.75	\$1.15	\$1.96	\$3.46	\$5.7I	\$9.46	\$14.42	
Child	\$5,000	\$.22	\$.22	\$.22	\$.22	\$.22	\$.22	\$.22	\$.22	\$.22	
\$75,000 Policy E	lection Amount										
Employee	\$75,000	\$1.04	\$1.56	\$2.25	\$3.46	\$5.89	\$10.39	\$17.14	\$28.39	\$43.27	
Spouse	\$37,500	\$.52	\$.78	\$1.13	\$1.73	\$2.94	\$5.19	\$8.57	\$14.19	\$21.64	
Child	\$7,500	\$.33	\$.33	\$.33	\$.33	\$.33	\$.33	\$.33	\$.33	\$.33	
\$100,000 Policy	Election Amount										
Employee	\$100,000	\$1.39	\$2.08	\$3.00	\$4.62	\$7.85	\$13.85	\$22.85	\$37.85	\$57.69	
Spouse	\$50,000	\$.69	\$1.04	\$1.50	\$2.3 I	\$3.92	\$6.92	\$11.42	\$18.92	\$28.85	
Child	\$10,000	\$.44	\$.44	\$.44	\$.44	\$.44	\$.44	\$.44	\$.44	\$.44	

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Spouse/DP coverage premium is based on Spouse age.

†Benefit reductions apply.

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#### LIMITATIONS AND EXCLUSIONS:

# A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

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Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.