

LAKE SHORE PUBLIC SCHOOLS



# Life Coverage

Here is your new coverage. Make sure you are aware of the deadline date for your coverage elections. If you miss the deadline, you will be considered a late entrant and proof of insurability will be required.



**PLAN HIGHLIGHTS:**

- Life

*Your Guardian plan number: 00381645*

*Learn more about Guardian at  
[www.guardianlife.com](http://www.guardianlife.com).*



## We're ready to get working for you

If you're like most employees, finding enough time in the day to accomplish your lengthy to-do list can often be no easy task.

As your Guardian coverage begins, we want you to know that we're here for you every step of the way and are committed to providing you with the resources to obtain fast, accurate answers to your benefits-related questions.

One way in which we do this is through our online member resource, Guardian Anytime<sup>sm</sup>, which allows you to manage your benefits when it works best for you — day or night. Plus, it offers helpful resources to ensure you get access to the quality care you need.

We encourage you to take a couple minutes to check out and register for Guardian Anytime<sup>sm</sup> at [www.GuardianAnytime.com](http://www.GuardianAnytime.com). We promise it will be time well spent.

Welcome to Guardian!

- Review your benefits
- Complete your enrollment form, if applicable
- Sign and return form to your plan administrator

# Welcome

**Dear LAKE SHORE PUBLIC SCHOOLS Employee,**

We're pleased to tell you that Guardian will be our life coverage provider this year. We have chosen Guardian because of its competitive rates and excellent service reputation.

Purchasing supplemental life coverage at work allows you to take advantage of discounted group rates through convenient payroll deduction. All the information you need to understand and sign up for this valuable benefit is included in this booklet.

**LAKE SHORE PUBLIC SCHOOLS**

## **UNDERSTAND YOUR COVERAGE:**

**Plan Details** This booklet explains your basic coverage options. Your detailed certificate of coverage will be provided to you after you enroll.

**Go online** Learn more about Guardian at [www.guardianlife.com](http://www.guardianlife.com).

**Ask your plan administrator** Contact your plan administrator if you have any changes to your plan.



## Why do you need a life plan?

- 1 CREATE A SAFETY NET FOR YOUR FAMILY**  
 Life coverage can help protect your family's future, with money to pay for:
- Funeral costs
  - Mortgage payments
  - Legal or medical expenses
  - Childcare expenses
  - Children's college education
  - Outstanding debts

- 2 TAKE ADVANTAGE OF LOW GROUP RATES**  
 Guardian offers life coverage protection at economical group rates. The younger you are, the less it costs. For older employees, life coverage provides a cost effective addition to estate planning.

- 3 VOLUNTARY TERM LIFE COVERAGE PROVIDES A ONE-TIME PAYOUT UPON YOUR DEATH**  
 You pay a low premium that increases modestly over time.  
 Great News! Your Voluntary Life now includes Will Preparation services.

<b>TERM LIFE</b>	
Protection	Protection provided by employer plan while you pay premiums and remain employed.
Policy Amounts	Choice of employer-specified amounts, from \$20,000 to \$200,000
Cash Value	No cash accumulation
Total Cost	Premiums rise as you enter the next five-year age band.

- 4 TAX-FREE BENEFITS**  
 Your policy will be paid out to your heirs or your estate free of taxes.

**How much do you need?**

*Many financial planners recommend life coverage of **five to seven times** your annual salary as a minimum.*

# Life Plans

You may elect Voluntary Term coverage.  
Premiums will be deducted from your monthly payroll check.

COVERAGE OPTIONS	VOLUNTARY TERM LIFE
Employee Benefit	Choice of 6 employer-specified amounts, from \$20,000 to \$200,000. See Cost Illustration page for details.
Spouse/domestic partner † benefit	50% of employee coverage to a max of \$100,000
Child benefit—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.

*Subject to coverage limits*

† *Spouse coverage terminates at age 70.*

*Premiums for Voluntary Life increase in five-year increments. See enrollment form for details.*

## YOUR GUARDIAN PLAN OFFERS:

**Low group rates**

**Family coverage** for spouse/domestic partner and children

**Reliable claims payments**

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### Did you know?

*Less than 45% of U.S. adults have individual life coverage. Of those who are insured, more than 65% don't have enough coverage.*

**PLAN DETAILS****VOLUNTARY TERM LIFE**

Guarantee Issue	We Guarantee Issue coverage up to: Employee \$150,000. Spouse \$10,000. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next 5 year age group
Portability	Yes, with age and other restrictions
Conversion	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit	Yes
Waiver of Premiums	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

**EXCLUSIONS AND LIMITATIONS****A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for Voluntary Term Life:**

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.

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. Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

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.

GP-1-R-EOPT-96.

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.

# Life Cost Illustration

## Voluntary Life Cost Illustration

Monthly 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†
<b>\$20,000 Policy Election Amount</b>											
Employee	\$20,000	<b>Preferred</b>	<b>\$1.20</b>	<b>\$1.60</b>	<b>\$1.60</b>	<b>\$3.00</b>	<b>\$4.80</b>	<b>\$8.00</b>	<b>\$13.80</b>	<b>\$23.00</b>	<b>\$38.80</b>
		Standard	\$2.20	\$2.60	\$3.60	\$6.80	\$12.00	\$19.20	\$29.00	\$41.60	\$62.00
Spouse	\$10,000	<b>Preferred</b>	<b>\$0.60</b>	<b>\$0.80</b>	<b>\$0.80</b>	<b>\$1.50</b>	<b>\$2.40</b>	<b>\$4.00</b>	<b>\$6.90</b>	<b>\$11.50</b>	<b>\$19.40</b>
		Standard	\$1.10	\$1.30	\$1.80	\$3.40	\$6.00	\$9.60	\$14.50	\$20.80	\$31.00
Child	\$2,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
<b>\$40,000 Policy Election Amount</b>											
Employee	\$40,000	<b>Preferred</b>	<b>\$2.40</b>	<b>\$3.20</b>	<b>\$3.20</b>	<b>\$6.00</b>	<b>\$9.60</b>	<b>\$16.00</b>	<b>\$27.60</b>	<b>\$46.00</b>	<b>\$77.60</b>
		Standard	\$4.40	\$5.20	\$7.20	\$13.60	\$24.00	\$38.40	\$58.00	\$83.20	\$124.00
Spouse	\$20,000	<b>Preferred</b>	<b>\$1.20</b>	<b>\$1.60</b>	<b>\$1.60</b>	<b>\$3.00</b>	<b>\$4.80</b>	<b>\$8.00</b>	<b>\$13.80</b>	<b>\$23.00</b>	<b>\$38.80</b>
		Standard	\$2.20	\$2.60	\$3.60	\$6.80	\$12.00	\$19.20	\$29.00	\$41.60	\$62.00
Child	\$4,000		\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68
<b>\$80,000 Policy Election Amount</b>											
Employee	\$80,000	<b>Preferred</b>	<b>\$4.80</b>	<b>\$6.40</b>	<b>\$6.40</b>	<b>\$12.00</b>	<b>\$19.20</b>	<b>\$32.00</b>	<b>\$55.20</b>	<b>\$92.00</b>	<b>\$155.20</b>
		Standard	\$8.80	\$10.40	\$14.40	\$27.20	\$48.00	\$76.80	\$116.00	\$166.40	\$248.00
Spouse	\$40,000	<b>Preferred</b>	<b>\$2.40</b>	<b>\$3.20</b>	<b>\$3.20</b>	<b>\$6.00</b>	<b>\$9.60</b>	<b>\$16.00</b>	<b>\$27.60</b>	<b>\$46.00</b>	<b>\$77.60</b>
		Standard	\$4.40	\$5.20	\$7.20	\$13.60	\$24.00	\$38.40	\$58.00	\$83.20	\$124.00
Child	\$8,000		\$1.36	\$1.36	\$1.36	\$1.36	\$1.36	\$1.36	\$1.36	\$1.36	\$1.36
<b>\$100,000 Policy Election Amount</b>											
Employee	\$100,000	<b>Preferred</b>	<b>\$6.00</b>	<b>\$8.00</b>	<b>\$8.00</b>	<b>\$15.00</b>	<b>\$24.00</b>	<b>\$40.00</b>	<b>\$69.00</b>	<b>\$115.00</b>	<b>\$194.00</b>
		Standard	\$11.00	\$13.00	\$18.00	\$34.00	\$60.00	\$96.00	\$145.00	\$208.00	\$310.00
Spouse	\$50,000	<b>Preferred</b>	<b>\$3.00</b>	<b>\$4.00</b>	<b>\$4.00</b>	<b>\$7.50</b>	<b>\$12.00</b>	<b>\$20.00</b>	<b>\$34.50</b>	<b>\$57.50</b>	<b>\$97.00</b>
		Standard	\$5.50	\$6.50	\$9.00	\$17.00	\$30.00	\$48.00	\$72.50	\$104.00	\$155.00
Child	\$10,000		\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
<b>\$150,000 Policy Election Amount</b>											
Employee	\$150,000	<b>Preferred</b>	<b>\$9.00</b>	<b>\$12.00</b>	<b>\$12.00</b>	<b>\$22.50</b>	<b>\$36.00</b>	<b>\$60.00</b>	<b>\$103.50</b>	<b>\$172.50</b>	<b>\$291.00</b>
		Standard	\$16.50	\$19.50	\$27.00	\$51.00	\$90.00	\$144.00	\$217.50	\$312.00	\$465.00
Spouse	\$75,000	<b>Preferred</b>	<b>\$4.50</b>	<b>\$6.00</b>	<b>\$6.00</b>	<b>\$11.25</b>	<b>\$18.00</b>	<b>\$30.00</b>	<b>\$51.75</b>	<b>\$86.25</b>	<b>\$145.50</b>
		Standard	\$8.25	\$9.75	\$13.50	\$25.50	\$45.00	\$72.00	\$108.75	\$156.00	\$232.50
Child	\$10,000		\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
<b>\$200,000 Policy Election Amount</b>											
Employee	\$200,000	<b>Preferred</b>	<b>\$12.00</b>	<b>\$16.00</b>	<b>\$16.00</b>	<b>\$30.00</b>	<b>\$48.00</b>	<b>\$80.00</b>	<b>\$138.00</b>	<b>\$230.00</b>	<b>\$388.00</b>
		Standard	\$22.00	\$26.00	\$36.00	\$68.00	\$120.00	\$192.00	\$290.00	\$416.00	\$620.00
Spouse	\$100,000	<b>Preferred</b>	<b>\$6.00</b>	<b>\$8.00</b>	<b>\$8.00</b>	<b>\$15.00</b>	<b>\$24.00</b>	<b>\$40.00</b>	<b>\$69.00</b>	<b>\$115.00</b>	<b>\$194.00</b>
		Standard	\$11.00	\$13.00	\$18.00	\$34.00	\$60.00	\$96.00	\$145.00	\$208.00	\$310.00
Child	\$10,000		\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70



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

***This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.***

As an eligible employee, you can purchase this coverage at the group premium levels illustrated above. For more details see enrollment form.

Subject to coverage limits

Premiums for Voluntary Life Increase in 5 year increments

‡Spouse/DP coverage premium is based on Employee age. Coverage for the spouse terminates at spouse's age 70.

†Benefit reductions apply. See plan details

Preferred rates apply to premium for non-tobacco usage and/or health history. Standard rates apply to premium for tobacco usage and/or health history.

**UNDERSTANDING YOUR BENEFITS—LIFE** (some information may vary by state)

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<b>Accelerated life benefit</b>	In the unfortunate case in which an employee is terminally ill, this option allows payment of up to 50% of plan benefit up to a maximum of \$250,000, in last months of life. Subject to state limitations.
<b>Benefit Reductions</b>	Coverage amount of insurance reduced by a certain percentage at a specific age. For further details, reference plan details.
<b>Guarantee Issue (Life)</b>	The 'guarantee' means the applicant (employee, spouse or child) is not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period. Voluntary Life Guarantee Issue amount applies up to age 65, amounts may vary based on age and case size. See your Plan Administrator for details. <b>If you enroll at a later date or request a benefit increase, you will be subject to evidence of insurability.</b>
<b>Portability</b>	Allows employees to continue coverage for themselves and their dependents upon termination of employment (for reasons other than injury or illness) by converting their group life policy to a group portability trust policy. Subject to the terms of employer's contract and provided you have been insured at least three months.
<b>Preferred rate</b>	Premium rate for non-tobacco users.
<b>Standard rate</b>	Premium rate for tobacco usage and/or health history.
<b>Waiver of premium</b>	Allows you to stop making premium payments if you become totally disabled before age 60. See plan details for age limits information.

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# Thank You

If applicable, return your completed form to your plan administrator.

## Please remember to:

Check the coverage you want

Include your social security number  
(and those of your dependents, if applicable)

Include dates of birth

Indicate the best way to reach you

Include your name on each page of the form

Sign and date form

## Date form submitted:

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**Make the most of your Guardian benefits at  
[www.GuardianAnytime.com](http://www.GuardianAnytime.com)**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

- Review your benefits
- Look up amounts and services covered in your plan
- Check the status of a claim
- Receive e-mail alerts when a response to your dental\* claim is available online
- View and print dental or vision ID cards
- Print forms and plan materials...and much more

**To register, go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com)**

# **LAKE SHORE PUBLIC SCHOOLS Life Benefits Plan**