



School Insurance Specialists

VOLUNTARY BENEFITS







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VOLUNTARY BENEFITS

SET SEG Employee Benefits provides a variety of options to enhance your employer-sponsored benefit plan. In this book, you'll find a description of each benefit and the rates for coverage to help you decide which benefit is right for you and your family. For more information about the products listed in this book, contact SET SEG Employee Benefits at (800) 292-5421.



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UNDERWRITTEN BY RELIANCE STANDARD LIFE INSURANCE COMPANY

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UNDERWRITTEN BY RELIANCE STANDARD LIFE INSURANCE COMPANY

FOR INFORMATION ON HOW TO FILE A CLAIM
To file a claim for any of the benefits listed in this book, contact the insured employee's human resources office for necessary paperwork and further instructions.

Disclaimer: None of the limitations and conditions of any policies outlined in this booklet are waived or modified by reason of any omission from or description in this booklet. For the full terms and conditions of any coverage listed, please refer to your insurance certificate.

SET VOLUNTARY TERM LIFE

ELIGIBILITY

Note: Some of the following benefits are limited by employee selection, and may not be available to you or be listed in your certificate of coverage.

To purchase this coverage, you must be a full-time employee working at least 15 hours per week. Your employer must participate in the Voluntary Group Term Life and Voluntary Accidental Death and Dismemberment plans.

EFFECTIVE DATE OF COVERAGE

If your request for coverage is approved by Reliance Standard Life Insurance Company for initial or additional amounts, your insurance coverage will become effective on the first day of the month coinciding with or next following the date your application is signed, provided you are actively at work on a full-time basis at your usual place of business on that date, and any required premium has been paid.

The effective date of coverage for dependents who are home or hospital confined on the date they would otherwise become insured will be deferred until the day after confinement ends.

INITIAL PREMIUM

The initial premium will be determined by your age and your spouse's age on the last birthday preceding the policy anniversary date. After the insurance goes into effect, premium adjustments based on age will occur each year on the policy anniversary date.

TERMINATION OF INSURANCE

All insurance will terminate due to the following circumstances:

- Upon the end of employment with a participating employer
- If you are no longer defined as an eligible employee
- If required contributions are discontinued
- If your employer ceases to participate in the plan or if the master policy is terminated
- If you enter military service

Dependent insurance will terminate for your spouse and/or children when they no longer meet the definition of an eligible dependent.

Voluntary Term Life and Accidental Death and Dismemberment Insurance are underwritten by Reliance Standard Insurance Company. Pages 4-13 contain brief descriptions of these plans, which are described in more detail in the certificates issued to insured persons. None of the limitations and conditions of such policy are waived or modified by reason of any omission from or description in this booklet. If a conflict exists between a statement in this booklet and any provision in the policy, the policy will govern.

LIFE INSURANCE

GUARANTEED ISSUE

- A guaranteed issue amount of \$30,000 is available for employees under age 60. For employees aged 60-70, the guaranteed issue amount is \$10,000. Employees must apply for coverage within 31 days of eligibility to receive guaranteed issue amounts.
- A guaranteed issue amount of \$20,000 is available for an employee's spouse under age 60; there is no guaranteed issue for spouses age 60 and older.

INSURANCE AMOUNTS FOR EMPLOYEES

Up to \$500,000 of coverage in \$10,000 increments may be elected. If this insurance is purchased prior to age 75, the table on the right shows the amount insurance will be reduced in accordance with your age on the policy anniversary date.

AGE	PERCENTAGE OF YOUR BENEFIT AMOUNT (PRE-AGE 75)
75	60%
80	35%
85	27.5%
90	20%
95	7.5%
100	5%



DEPENDENT LIFE INSURANCE

- Spouse option – up to \$500,000 of coverage, in increments of \$10,000, may be elected for your spouse. A spouse is eligible for coverage until age 75; however, your spouse must be under age 70 on the date of application.
- Children option – up to \$10,000 of coverage, in increments of \$2,500, may be elected for each eligible, unmarried, dependent child, from ages six months to 20 years (age 26 if a full-time student). Children ages 14 days to six months are provided \$1,000 coverage. You or your spouse must be insured for any eligible, dependent children to be insured. All dependent child coverage is guaranteed issue.

COST OF COVERAGE

- Use the table below and on the right to determine the cost of coverage for employees, spouses and dependent children.

MONTHLY RATES FOR EMPLOYEES AND THEIR SPOUSES	
AGE	RATE PER \$10,000 BENEFIT
Up to age 29	\$0.44
30-34	\$0.52
35-39	\$0.76
40-44	\$1.24
45-49	\$2.06
50-54	\$3.50
55-59	\$5.83
60-64	\$7.23
65-69	\$10.57
70+	\$20.22

MONTHLY RATES FOR DEPENDENT CHILDREN				
AGE	OPTION 1	OPTION 2	OPTION 3	OPTION 4
14 days – 6 months	\$1,000			
6 months – age 20; 26 for full-time students	\$2,500	\$5,000	\$7,500	\$10,000
RATE*	\$0.42	\$0.82	\$1.22	\$1.62

*There is one rate for all eligible children, regardless of the number of children covered

LIMITATION

Benefits are not paid for death from suicide during the first two years the insurance is in effect. Only premium amounts previously paid will be payable in the event of a suicide that occurs within 2 years of the effective date.

OTHER BENEFITS

Disability Waiver of Premium Benefit

We will extend the amount of insurance during a period of total disability for 1 year if:

1. The employee becomes totally disabled prior to age 60;
2. The total disability lasts for at least 6 months in a row;
3. We receive proof of total disability within 1 year from the date it began; and
4. The premium continues to be paid during the 6 month period.

“Total disability/totally disabled” means: an employee’s complete inability to engage in any type of work for wage or profit for which such employee is suited by education, training or experience.

After proof of total disability is approved by us, premium payment for the insured and his insured dependants is not required for 1 year. Also, any premiums paid from the start of the total disability will be returned.

The employee must submit annual proof of continued total disability to have insurance extended for additional 1 year periods.

Disabilities excluded from coverage include those stemming from intentionally self-inflicted injury and those that result from an act of war (declared or undeclared). Please see your individual certificate for more information.

Living Benefit

Reliance Standard will advance up to 50 percent of the applicable death benefit if you, your insured spouse or child have a terminal illness that results in an expected life span of less than 12 months. Payment of this benefit is subject to certain coverage requirements as described in the policy and is subject to a \$250,000 cap. Consult your tax advisor about the tax treatment of a living benefit.

PORTABILITY PRIVILEGES

If you leave your employer, you may keep your Voluntary Term Life insurance and that of your insured dependents under the plan’s portability of coverage feature by electing, within 31 days, to pay premiums directly to Reliance Standard. Contact SET SEG at (800) 292-5421 for portability rates.

CONVERSION PRIVILEGES

If your coverage terminates for any reason other than non-payment of premium, you may convert to an individual whole life policy without submitting evidence of insurability. An insured employee or spouse under age 70 may convert to an individual whole life policy up to the amount of their current life insurance. When an insured dependent child attains the maximum age for eligibility, he or she is also eligible to convert up to five times his or her current amount of life insurance to an individual whole life policy.

EVIDENCE OF INSURABILITY

Proof of good health is required for all amounts of new or additional life or dependent life insurance, except as provided by the guaranteed issue. The answers to health questions on the enrollment request form are sufficient for underwriting in most cases; however, additional proof of good health, such as an attending physician's statement or a physical examination, may be required.



ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

In the event of accidental death, this elective provides coverage in amounts ranging from \$10,000 to \$500,000, in \$10,000 increments, for employees, their spouses and dependent children. Amounts above \$150,000 cannot exceed 10 times the employee's earnings. At age 75, benefit amounts reduce by 50 percent of the pre-age 75 amount. At age 80, benefit amounts reduce by 75 percent of the pre-age 75 benefit. Benefit terminates upon retirement.

Eligible dependent children may be insured up to a maximum of \$100,000; however, the employee or spouse must be insured. The amount of dependent coverage cannot exceed the employee's or spouse's coverage amount.

DESCRIPTION OF COVERAGE

If an injury results in death or dismemberment within one year of a covered accident occurring while insured, benefits will be paid as follows:

- Loss of life – total benefit amount
- Loss of two or more members – total benefit amount
- Loss of speech or hearing – 50 percent to total benefit amount (depends on severity of the loss)
- Loss of one member – 50 percent of the benefit amount
- Thumb and index finger of the same hand – 25 percent of the benefit amount

Only one benefit, the largest amount to which the insured is entitled, will be paid if an insured suffers more than one loss in the same accident.

Losses must result directly and independently from injury with no other contributing cause.

- A member is a hand, foot or eye
- Loss with regard to hand or foot is the complete severance through or above the wrist or ankle joint
- Loss with regard to an eye is the total and irrecoverable loss of sight
- Loss with regard to speech or hearing means the total and irrecoverable loss of either function
- With regard to thumb and index finger, it means the complete severance through or above the knuckle joints

COST OF COVERAGE

Monthly rates for employee, spouse and dependent children are \$0.03 per thousand dollars of benefit to a maximum of \$500,000. Voluntary AD&D benefits cannot exceed 10 times the employee's basic annual earnings for amounts of \$150,000 or more.

TOTAL LOSS OF USE BENEFIT

If you are in a covered accident and suffer the total loss of use of an arm, leg or both within 12 months of that accident you are eligible for benefits according to the table below:

LOSS OF USE	PERCENTAGE OF FULL BENEFIT AMOUNT
Both arms and both legs	100%
Both arms and one leg OR both legs and one arm	75%
Both arms or both legs	66.67%
One arm and one leg	66.67%
One arm or one leg	50%

Proper medical authority is required at the end of the 12-month period to certify that the total loss of use is continuous and permanent. Only one benefit will be paid for more than one total loss of use resulting from any one accident; however, the largest amount will be used.

OTHER BENEFITS

Exposure and Disappearance

If an insured is exposed to the elements due to an accident and sustains a loss for which benefits would otherwise be payable, that loss will be covered. Reliance Standard will presume an insured suffered loss of life due to an injury if the insured is riding in conveyance that is involved in a covered accident and, as a result of the accident, the conveyance is wrecked, sinks, or disappears, and the body is not found within one year of the accident.

Reserve National Guard Coverage

If you or your insured dependent is a member of an organized Reserve Corps or National Guard unit, the following is covered:

- En route to or from or attending any regularly scheduled or routine training of less than 60 days

- Taking part in any authorized inactive duty training
- Taking part as a unit member in a parade or exhibition authorized by official orders
- Attending a service school operated by or on behalf of the United States of America

No benefit is payable for any loss that occurs during active duty.

Seat Belt/Air Bag Benefit

If you or your insured dependent dies as a result of a covered automobile accident, additional benefits may be paid in the following situations:

- You or your insured dependent were operating or riding in an automobile and using a seat belt, an additional benefit equal to 10 percent of the benefit amount will be paid
- An additional 5 percent of the benefit amount will be paid if the vehicle is equipped with a factory-installed air bag

Total maximum payable for this benefit is \$25,000. Use of seat belts and evidence that the air bag inflated properly upon impact must be established in the police report of the accident. Losses sustained while driving or riding in a vehicle used for a race, speed or endurance test, or for acrobatic or stunt diving are not covered. This benefit is not payable for any loss sustained if the seat belt was not worn, regardless of the reason. This benefit is also not payable for a loss sustained due to a defect in the air bag's diagnostic system.

Education Benefit

This benefit pays for educational expenses for your spouse and dependents in the event of your death due to a covered accident. The family plan must be in effect on the date of the accident. Benefit includes:

- For your spouse, actual tuition expense, up to \$3,000 annually for the cost of attendance at an institute of higher education (see policy for definition) is payable. Attendance must be intended to provide a means of support for your spouse, and the cost must be incurred within 30 months of your death.
- A dependent child who is in grade 12 and enrolls within one year of your death, or a dependent child who is already enrolled on the date of your accident, as a full-time student, in any institute of higher learning beyond grade 12 is eligible for this benefit.
- Annual payments for up to four consecutive years while the dependent is enrolled will equal 5 percent of your benefit amount, subject to a minimum of \$1,000 and a maximum of \$5,000 per year.

Coma Benefit

If you lapse into a coma as a result of an accident and it lasts for more than 30 days, this benefit will pay 1 percent of your benefit amount on a monthly basis. For this benefit to be payable, the coma does not need to be continuous, as long as recurrences are not due to an unrelated cause. You must be confined in a hospital or other medical facility and diagnosed as being in a coma by a licensed physician. The benefit will start on the day 31 of the coma. Benefits will continue until the coma ends, your death, or after 100 consecutive months, whichever occurs first. You are only eligible for one coma benefit for each eligible accident.

Day Care Benefit

In the event that you or your spouse dies due to injury, this monthly benefit covers the cost of day care up to 2 percent of your benefit amount, not to exceed \$2,400, in any one calendar year for each insured dependent child under age 14. The children must be in day care within 48 months from the date of death. For each child, the benefit will terminate on the date he/she turns 14 or the end of a period of four consecutive years from date of your or your spouse's death, whichever occurs first.

CONVERSION PROVISIONS

If your coverage terminates for reasons other than termination of the policy, you may convert to an individual policy without proof of good health. Application and premium payment must be made within 31 days of termination. The amount of insurance will not be more than your benefit amount under this plan or \$250,000, whichever is less. The conversion privilege is also available to a dependent when insurance ends due to eligibility constraints.

EXCLUSIONS

The policy does not cover any loss:

- Caused by or resulting from war or any act of war, declared or undeclared.
- Caused by an accident that occurs while in the armed forces of any country, except as shown under Reserve National Guard coverage.
- Caused by or resulting from riding in, getting into or out of any aircraft, except if:
 - The aircraft is any tested and approved civilian aircraft;
 - The aircraft is being used at the time for transporting passengers;
 - The aircraft is operated by the then-current rules of the authority having jurisdiction over the operation of the aircraft;
 - The insured is a passenger and not a pilot or crew member;
 - The aircraft is not owned, leased or operated by or on behalf of the policyholder, a participating member firm, the insured or the employer of the insured, if other than the policyholder, unless a specific written agreement has been obtained from the Reliance Standard.
- To which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor.
- Caused by suicide or intentional self-inflicted injuries.
- Sustained during the insured's commission or attempted commission of an assault or felony.

Notice Concerning Medical Information Bureau (read and retain this information)

Information regarding your insurability will be treated as confidential; however, Reliance Standard Life Insurance Company may make a brief report to the Medical Information Bureau, a non-profit membership organization of life insurance companies operating an information exchange on behalf of its members. Upon request, the Bureau will arrange disclosure of information in your file (non-medical information will be disclosed to you and medical information to your attending physician). If you question the accuracy of the information, you may contact the Bureau at www.mib.com to seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting guidelines.

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