



Standard Insurance Company has developed this document to provide you with information about the coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure; or check with your human resources representative or the Shelby County Employee Benefits Office.

### Employer Plan Effective Date

Shelby County Government provides Basic Life coverage from The Standard effective January 1, 2007. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount.

### Basic Life Insurance

Basic Life insurance is offered to you at a shared cost between you and your employer. Your Basic Life insurance is equal to two times your annual earnings, rounded to the nearest \$1,000.

### Basic Life Eligibility

To be eligible for this Basic Life plan:

- You must be an active employee of Shelby County, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees, nurses or independent contractors
- You must be regularly working at least 20 hours each week

### Age Reductions – Basic Life

Under this plan, coverage reduces to 65 percent at age 65, and 50 percent at age 70. If you are age 65 or over, ask your Shelby County Employee Benefits Office for the amount of coverage available.

### Additional Life Insurance

Additional Life insurance is optional coverage you may select through Shelby County Government.

### Additional Life Eligibility

To be eligible for this Additional Life plan:

- You must be insured for Basic Life
- You must be an active employee of Shelby County, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees, nurses or independent contractors
- You must be regularly working at least 20 hours each week

### Employee Coverage Amount – Additional Life

You may elect Additional Life coverage in these amounts: \$10,000; \$25,000; \$50,000; \$100,000; \$150,000; \$200,000; \$250,000; \$300,000; or \$350,000. The minimum amount you can elect is \$10,000.

If you wish to become insured for an amount of Additional Life in excess of \$150,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Dependents Life insurance from Standard Insurance Company is also included in this plan and explained on page 3.

**Employee Rates – Additional Life**

If you elect Additional Life insurance, your semi-monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck per pay period.

**Semi-Monthly Premium – 12 month pay cycle County Employees**

Age	Rate	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000
<30	0.054	0.27	0.68	1.35	2.70	4.05	5.40	6.75	8.10	9.45
30-34	0.058	0.29	0.73	1.45	2.90	4.35	5.80	7.25	8.70	10.15
35-39	0.072	0.36	0.90	1.80	3.60	5.40	7.20	9.00	10.80	12.60
40-44	0.098	0.49	1.23	2.45	4.90	7.35	9.80	12.25	14.70	17.15
45-49	0.150	0.75	1.88	3.75	7.50	11.25	15.00	18.75	22.50	26.25
50-54	0.229	1.15	2.86	5.73	11.45	17.18	22.90	28.63	34.35	40.08
55-59	0.362	1.81	4.53	9.05	18.10	27.15	36.20	45.25	54.30	63.35
60-64	0.560	2.80	7.00	14.00	28.00	42.00	56.00	70.00	84.00	98.00

**\* Coverage amounts for ages 65 and over reduce due to Age Reduction (see Age Reduction Table). Premium calculation for ages 65 and over on the table below reflects the reduced amount.**

Age	Rate	\$6,500	\$16,250	\$32,500	\$65,000	\$97,500	\$130,000	\$162,500	\$195,000	\$227,500
65-69*	1.099	3.57	8.93	17.86	35.72	53.58	71.44	89.29	107.15	125.01

Age	Rate	\$5,000	\$12,500	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000
70-74*	1.884	4.71	11.78	23.55	47.10	70.65	94.20	117.75	141.30	164.85
75+*	2.060	5.15	12.88	25.75	51.50	77.25	103.00	128.75	154.50	180.25

**Semi-Monthly Premium – Head Start Employees based on a 10 month pay cycle**

Age	Rate	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000
<30	0.054	0.32	0.81	1.62	3.24	4.86	6.48	8.10	9.72	11.34
30-34	0.058	0.35	0.87	1.74	3.48	5.22	6.96	8.70	10.44	12.18
35-39	0.072	0.43	1.08	2.16	4.32	6.48	8.64	10.80	12.96	15.12
40-44	0.098	0.59	1.47	2.94	5.88	8.82	11.76	14.70	17.64	20.58
45-49	0.150	0.90	2.25	4.50	9.00	13.50	18.00	22.50	27.00	31.50
50-54	0.229	1.37	3.44	6.87	13.74	20.61	27.48	34.35	41.22	48.09
55-59	0.362	2.17	5.43	10.86	21.72	32.58	43.44	54.30	65.16	76.02
60-64	0.560	3.36	8.40	16.80	33.60	50.40	67.20	84.00	100.80	117.60

**\* Coverage amounts for ages 65 and over reduce due to Age Reduction (see Age Reduction Table). Premium calculation for ages 65 and over on the table below reflects the reduced amount.**

Age	Rate	\$6,500	\$16,250	\$32,500	\$65,000	\$97,500	\$130,000	\$162,500	\$195,000	\$227,500
65-69*	1.099	4.29	10.72	21.43	42.86	64.29	85.72	107.15	128.58	150.01

Age	Rate	\$5,000	\$12,500	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000
70-74*	1.884	5.65	14.13	28.26	56.52	84.78	113.04	141.30	169.56	197.82
75+*	2.060	6.18	15.45	30.90	61.80	92.70	123.60	154.50	185.40	216.30

**Employee Coverage Effective Date**

Please contact your Shelby County Employee Benefits Office for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period* - date of hire
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance including Dependents Life insurance, your insurance will not become effective until the day after you complete 1 day of *active work* as an eligible employee.

**Age Reductions – Additional Life**

Under this plan, coverage reduces to 65 percent at age 65, and 50 percent at age 70. If you are age 65 or over, ask your Shelby County employee benefits office for the amount of coverage available.

**Suicide Exclusion**

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted *injury*. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

**Portability**

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative or Shelby County Employee Benefits Office for additional information. This is subject to state variations.

**Family Dependents Life Insurance**

This coverage is available in units of \$5,000 to a maximum of \$20,000, but not to exceed 100 percent of your combined Basic and Additional Life coverage. *Child* coverage will equal 50 percent of *spouse* coverage to a maximum of \$10,000. The minimum *child* coverage is \$5,000

All late applications and requests for coverage increases will require medical underwriting approval.

**Family Dependents Rates**

If you elect Dependents Life insurance for your family, your semi-monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck per pay period.

<b>Dependent Life - Semi-Monthly</b>			
<b>Spouse Amount</b>	<b>Child(ren) Amount</b>	<b>Per Member Semi-Monthly Premium (12 months)</b>	<b>Head Start Semi-Monthly Premium (10 Months)</b>
\$20,000	\$10,000	\$10.00	\$12.00
\$15,000	\$7,500	\$7.50	\$9.00
\$10,000	\$5,000	\$5.00	\$6.00
\$5,000	\$5,000	\$2.50	\$3.00

**When Family Coverage Ends**

Your brochure includes information about when your Basic and Additional insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the *group policy*
- The date your *employer's* coverage under the *group policy* for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the *dependent* ceases to be an eligible *dependent*
- For your *spouse* the date of your divorce
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given

**MEDEX® Travel Assist**

MEDEX® Travel Assist is a service automatically included in your Group Life coverage. It is designed to respond to most medical care situations and many other emergencies that you and your family may experience when traveling 100 miles or more from your home (or in a foreign country), MEDEX® provides a wide-ranging program of information, referral, coordination and assistance services.

**Repatriation Benefit**

This plan includes a Repatriation Benefit which provides coverage for unexpected hardship during employee travel, both for business and leisure. If an insured employee's death occurs while traveling more than 200 miles from the employee's residence, The Standard helps cover the expenses incurred when transporting the remains back to their primary residence.

**Beneficiary Designation**

Be sure to keep your Beneficiary Designation updated. If your beneficiary Designation needs changing any time during the year, please notify Shelby County Government, Employee Benefits.

**Group Insurance Certificate**

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.