

Benefit and Cost Summary

for Voluntary Life has been prepared for the employees of:

County of Sandusky

Individual Elections:

- You may elect one of the following 4 benefit options: \$50,000; \$100,000; \$150,000; \$200,000.
- A spouse is eligible for 50% of the employee's amounts to a maximum of \$100,000.
- **Dependent child(ren)** age six months to 23 (or 25 if a full-time student) are eligible for 10% of the employee's amount to a maximum of \$10,000; age 14 days to six months are eligible for \$500; birth to 14 days are not eligible for benefits.

Plan Features:

- **Lifetime Waiver of Premium to age 60:** If an employee becomes totally and permanently disabled prior to age 60, his life insurance will continue in force without further payment of premium on a year-to-year basis, subject to periodic submission of evidence of total and permanent disability.
- **Portability:** Allows employee to continue low cost protection if coverage under this group plan ends, subject to certain restrictions, provided the employee and any eligible dependents have been insured for Voluntary Life at least three months. Surviving spouses may also elect to continue coverage for themselves and all eligible child(ren). Portability not available if: (a) employee is eligible for this plan's Extended Life Benefit; or (b) if coverage terminates due to employee's failure to pay any required premium or termination of the group plan.
- **Conversion:** An employee can convert this policy to an individual policy (subject to the terms of the employer's contract).
- **Seatbelt and Airbag Benefit:** Benefit amounts will be increased if the employee/dependent dies as a direct result of an automobile accident: a) \$10,000 for the employee, \$5,000 for the dependent if properly wearing a seatbelt; b) \$15,000 for the employee, \$7,500 for the dependent while both properly wearing a seatbelt and sitting in a seat equipped with an airbag.

Age Reduction:

- **Coverage Amounts** for the employee reduce 35% at age 65, an additional 15% at age 70.
- **Coverage Amounts** for the spouse cannot exceed 50% of the employee's amount and will terminate upon the spouse's attainment of age 70.



GUARDIAN™

The Guardian Life Insurance Company of America, New York, NY

Benefit and Cost Summary

Voluntary Life General Limitations and Exclusions:

■ **Suicide**

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 benefits. This exclusion may vary according to state law.

Important Information: 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. You must be working full time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specified waiting period. GP-1-R-EOPT-96

This handout is for illustrative purposes. You will receive benefit booklets. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.



GUARDIAN™

The Guardian Life Insurance Company of America, New York, NY

Questions and Answers

Guardian's Voluntary Life Program

What is Voluntary Life Insurance?

Voluntary Life is an insurance program where employees have the opportunity to choose a level of protection that best suits them and their family members for just a few cents a day. You purchase this plan through convenient payroll deductions.

How is this different from Basic Life?

Basic Life is generally paid for by an employer and provides a minimum amount of coverage. Voluntary Life is paid for by employees and provides flexible coverage amounts to meet a broad range of protection needs.

What amounts are my dependents eligible for?

You can purchase life insurance for your spouse for 50% of the amount you selected for yourself to a maximum of \$100,000. You may select 10% of your amount for your children to a maximum of \$10,000.

What are the age limits to cover my dependent children?

Generally, dependent children are covered if over 14 days old but under age 23 or 23 years of age but under age 25 and attending an accredited education institution, college or university on a full time basis.

Who can my dependent and I elect as our beneficiaries?

You may elect anyone you wish as your beneficiary(ies) except for your employer. You will be the beneficiary for all of your dependents.

How are my rates determined?

The employee and spouse rates are based on the employee's age. The rates are grouped in five-year bands and will change as you move from one band to the next. The premiums are adjusted on the policy's anniversary.

When will my coverage go into effect?

Your benefits coordinator will notify you when your coverage takes effect.

If my future needs change, can I increase my insurance?

Yes, but any increase is subject to evidence of insurability.

If I leave my company, can I continue my coverage?

Guardian offers a portability feature which, if elected by the employer, allows an insured to continue their low cost group term protection. In addition, there is a conversion feature that allows employees to convert their coverage to a permanent plan of insurance after termination.



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Are the amounts I select guaranteed?

We guarantee issue coverage up to \$100,000 per employee. Spouses are guaranteed \$50,000 of coverage. Children are guaranteed \$10,000 of coverage. (Dependent coverage may not exceed 50% of employee coverage for spouse, and \$10,000 for each child). If you elect coverage amounts that exceed these guidelines, and/or you elect to enroll at a later date, a health statement will be required and coverage will be subject to full medical underwriting.

Important Information: 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. You must be working full time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specified waiting period. GP-1-R1EOPT-96.



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Benefit and Cost Summary

Bi-Weekly Employee Cost

Coverage	\$50,000	\$100,000	\$150,000	\$200,000
Under 30	\$1.62	\$3.24	\$4.85	\$6.47
30-34	\$1.85	\$3.70	\$5.54	\$7.39
35-39	\$2.31	\$4.62	\$6.93	\$9.24
40-44	\$4.16	\$8.31	\$12.47	\$16.62
45-49	\$7.62	\$15.24	\$22.85	\$30.47
50-54	\$12.00	\$24.00	\$36.00	\$48.00
55-59	\$19.85	\$39.70	\$59.54	\$79.39
60-64	\$28.16	\$56.31	\$84.47	\$112.62

Bi-Weekly Spouse Cost

Spouse is eligible for 50% of the amount that you select for yourself to a maximum of \$100,000.
Spouse cost is based on employee's age.

Coverage	\$25,000	\$50,000	\$75,000	\$100,000
Under 30	\$0.81	\$1.62	\$2.43	\$3.24
30-34	\$0.93	\$1.85	\$2.77	\$3.70
35-39	\$1.16	\$2.31	\$3.47	\$4.62
40-44	\$2.08	\$4.16	\$6.24	\$8.31
45-49	\$3.81	\$7.62	\$11.43	\$15.24
50-54	\$6.00	\$12.00	\$18.00	\$24.00
55-59	\$9.93	\$19.85	\$29.77	\$39.70
60-64	\$14.08	\$28.16	\$42.24	\$56.31

Bi-Weekly Child(ren) Cost

You may insure your child(ren) for 10% of the amount you select for yourself, to a maximum of \$10,000.

Coverage	\$5,000	\$10,000
	\$0.40	\$0.79

This handout is for illustrative purposes only. The payroll deductions are an approximation. Please see your paycheck for actual payroll deductions. If there is a discrepancy between this handout and your paycheck, your paycheck stub prevails.

Rates effective 1/1/11



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