



Additional Life and Accidental Death and Dismemberment (AD&D) Insurance

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children’s education, and more in the event of your passing. AD&D insurance can provide you and your family with extra protection in the event of death or dismemberment as a result of a covered accident. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through Poway Unified School District.

Eligibility Requirements

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| Employee | <ul style="list-style-type: none"> • You must be insured for Basic Life through The Standard • You must be one of the following: <ul style="list-style-type: none"> • An active Board member of Poway Unified School District • An active Certificated employee of Poway Unified School District who is regularly working at least 17.5 hours each week; • Any other active employee of Poway Unified School District who is regularly working at least 20 hours each week. • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible • You cannot be insured as both an employee and a dependent |
| Dependent | <ul style="list-style-type: none"> • You must elect Additional Life insurance for yourself in order to elect Dependents Life insurance • You must elect Additional AD&D insurance for yourself in order to elect AD&D insurance for your dependents • Spouse means a person to whom you are legally married, or your domestic partner as recognized by law • Child means your child from live birth through age 25, regardless of student status • Your child cannot be insured by more than one employee • A Dependent may not be insured as both an employee and a Dependent • Your spouse/domestic partner or children must not be full-time member(s) of the armed forces of any country |
| Premium | <ul style="list-style-type: none"> • You pay 100 percent of the premium for this coverage through easy payroll deduction |

Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
Employee	\$20,000	\$10,000	\$250,000	\$500,000*
Spouse	\$5,000	\$5,000	\$50,000	\$150,000

*but not to exceed 5 times your Annual Earnings

Child	Your choice of one of the following: \$2,500, \$5,000, \$7,500 or \$10,000
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Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit your application electronically, directly and securely, visit The Standard’s Automated Medical Underwriting System at bit.ly/33wjX6J.
- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage.

- The coverage amount for your child(ren) cannot exceed 50 percent of your Additional Life coverage.

Annual Enrollment Period

During Annual Enrollment If you are currently enrolled in Additional Life insurance for an amount less than \$250,000, you may elect to increase your coverage by \$10,000, up to, but not to exceed, the guarantee issue amount of \$250,000 without having to answer health questions.

Coverage Amount Needed

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: standard.com/life/needs.

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

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 one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

Life Insurance Exclusions

This plan contains 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.

Life Insurance Features and Benefits

Please see your human resources representative for additional information about the features and benefits below.

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| Waiver of Premium | If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Basic and Additional Life insurance may continue without premium payment until age 65 provided you give us satisfactory proof that you remain totally disabled. Waiver of Premium does not apply to AD&D insurance. |
| Accelerated Benefit | If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000. |
| Portability | If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. |
| Conversion | If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health. |

Additional AD&D Insurance Benefit Schedule

Within the coverage amount guidelines shown below, you may elect Additional AD&D coverage for yourself in one of the following amounts: \$10,000; or any multiple of \$25,000, up to a maximum of \$500,000.

Employee	
Option 1	Benefit Amount
	\$10,000

Option 2	Minimum	Incremental Unit	Maximum
	\$25,000	\$25,000	\$500,000

Additional AD&D Insurance Benefit Schedule, Continued

You may also elect Voluntary AD&D coverage for your family. The AD&D Insurance Benefit is a percentage of the AD&D Insurance Benefit you elect for yourself. The coverage amount for each dependent is as follows:

Spouse/domestic partner only	60% of your AD&D coverage amount
Child(ren) only	25% of your AD&D coverage amount for each child
Spouse/domestic partner and Child(ren)	50% of your AD&D coverage amount 10% of your AD&D coverage amount for each child
Note: The amount for your spouse/domestic partner will not exceed \$180,000 and the amount for each child may not exceed \$25,000.	

The amount of the AD&D Insurance Benefit for covered losses is a percentage of the amount of the insured’s coverage on the date of the accident, as shown in the following table:

Loss:	Percentage Payable:
Loss of Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech, or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

¹ Including loss of life by accidental exposure to adverse weather conditions or disappearance if the disappearance is caused by an accident that could have reasonably resulted in your death.
² Even if the severed part is surgically re-attached. This benefit is not payable if an Additional AD&D benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving the same hand or foot.
³ This benefit is not payable if an Additional AD&D benefit is payable for the loss of the entire hand.

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Additional AD&D Insurance Exclusions

Subject to state variations, AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician

Additional AD&D Insurance Exclusions Continued

- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft, unless you are a fare paying passenger on a commercial aircraft

When Insurance Ends

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The last day of the calendar month in which your employment terminates, except as follows:
 - a. For Superintendents, Deputy Superintendents and Associate Superintendents whose employment is terminated with cause, the date your employment terminates; or
 - b. For any Member whose employment terminates on or after June 1 and prior to August 31, your insurance will end on August 31, unless your employment is terminated with cause under item a.
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- For Additional AD&D insurance for you, the date your Additional life insurance ends
- For your spouse/domestic partner, the date of your divorce or termination of your domestic partner relationship
- For a child who is disabled, 90 days after we mail you a proof of disability request, if proof is not given

In addition to the above requirements, your Dependents Life with AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

Group Insurance Certificate

If coverage becomes effective, and you become insured, you may request a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Employee Additional Life Rates

If you elect Additional Life, your tenthsly cost for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of January 1)	Rate* (Per \$1,000 of Total Coverage)
<20	\$0.017
20-24	\$0.026
25-29	\$0.033
30-34	\$0.042
35-39	\$0.059
40-44	\$0.093
45-49	\$0.135
50-54	\$0.228
55-59	\$0.431
60-64	\$0.667
65-69	\$1.183
70+	\$2.028

To calculate your premium:

1. Amount Elected: Write this amount on the Additional Life requested amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your tenthsly cost. Line 4: _____

Spouse/Domestic Partner Life Rates

If you elect Dependents Life for your spouse, your tenthly cost for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (as of January 1)	Rate* (Per \$1,000 of Total Coverage)
<20	\$0.017
20-24	\$0.026
25-29	\$0.033
30-34	\$0.042
35-39	\$0.059
40-44	\$0.093
45-49	\$0.135
50-54	\$0.228
55-59	\$0.431
60-64	\$0.667
65-69	\$1.183
70+	\$2.028

To calculate the premium for your spouse:

1. Amount Elected: Write this amount on the Spouse Life requested amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your tenthly cost. Line 4: _____

Child Life Rates

If you elect Dependents Life insurance for your eligible child(ren), your tenthly cost for this coverage is \$0.36 per \$2,500 of Dependents Life insurance, regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

To calculate Voluntary AD&D premium for your child:

$$\frac{\text{Child Amount Elected}}{\$2,500} = \text{_____} \times \$0.36 = \text{Your tenthly cost}$$

Additional AD&D Rates

Your rate will depend on whether you choose AD&D coverage for yourself only, or for yourself and your family. Premiums for this coverage will be deducted directly from your paycheck.

	<u>Cost per \$1,000 of Coverage</u>
Employee Only	\$0.024
Family	\$0.041

To calculate Voluntary AD&D premium for you:

$$\frac{\text{Your Amount Elected}}{\$1,000} = \text{_____} \times \$0.024 = \text{Your tenthly cost}$$

To calculate Voluntary AD&D premium for your family:

$$\frac{\text{Your Amount Elected}}{\$1,000} = \text{_____} \times \$0.041 = \text{Your tenthly cost}$$