

GROUP BENEFIT PROGRAM SUMMARY For CICERO PUBLIC SCHOOL DISTRICT #99

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

VOLUNTARY GROUP TERM LIFE

Eligibility	All Eligible Active Full Time Employees
Group Term Life Benefit: Employee	Choice of \$25,000; \$50,000; \$100,000; \$150,000; \$200,000; or \$250,000
Guarantee Issue Amount* – Employee	\$150,000 <i>*Guarantee issue amounts are based on a minimum participation requirement of 25% of all eligible employees. If participation requirements are not achieved, underwriting will be utilized on all employees and spouse applications.</i>
Group Term Life Benefit: Spouse (Includes Domestic Partners)	Eligible for 50% of the employee's Voluntary Life benefit amount to a maximum of \$125,000.
Guarantee Issue Amount – Spouse	\$20,000
Group Term Life Benefit: Child(ren)	Live birth to 14 days: \$0 15 days to 6 months: \$500 6 months to age 19 (to age 23 if full-time student): Eligible for 10% of the employee's amount to a maximum of \$10,000.
Guarantee Issue Amount – Child(ren)	\$10,000
Age Reduction Schedule	Life benefits reduce by 35% of the original amount at age 65 and further reduce by 60% of the original amount at age 70 and further reduce by 75% of the original amount at age 75 and further reduce by 85% of the original amount at age 80.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 24 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries; and funeral planning.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number FDL1-504-707)

For employee distribution.

CICERO PUBLIC SCHOOL DISTRICT #99

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

You must be covered under the basic life plan sponsored by your employer in SD and VT.

Voluntary Life Insurance

Employee Benefit: **\$25,000; \$50,000; \$100,000; \$150,000; \$200,000; or \$250,000**
 Spouse Benefit: **Eligible for 50% of the employee's benefit amount to a maximum of \$125,000**

Note: Spouse may not have coverage unless the employee has coverage.

The amount of spouse life insurance is limited to 50% of the employee benefit in FL, KS, NE and PR.

The spouse benefit may not exceed the employee benefit ar

The Spouse amount may not exceed the amount for which the employee is eligible in TX and NY.

Guarantee Issue*

Employee	\$	150,000
Spouse	\$	20,000
Child(ren)	\$	10,000

*assumes 25% participation

Child Coverage

Eligible for 10% of the employee's benefit amount to a maximum of \$10,000

Life benefits reduce by 35% of the original amount at age 65 and further reduce by 60% of the original amount at age 70 and further reduce by 75% of the original amount at age 75 and further reduce by 85% of the original amount at age 80.

EMPLOYEE & SPOUSE	
Voluntary Life	
<u>Monthly rates per \$1,000</u>	
<u>Age</u>	<u>Rates</u>
Under 20	\$0.040
20-24	\$0.040
25-29	\$0.040
30-34	\$0.050
35-39	\$0.060
40-44	\$0.090
45-49	\$0.130
50-54	\$0.220
55-59	\$0.340
60-64	\$0.440
65-69	\$0.680
70-74	\$1.200
75+	\$1.200

Dependent Life (Children)	
<u>Monthly Premium per Family</u>	
<u>Per \$1,000</u>	
\$2,500	\$0.33
\$5,000	\$0.66
\$10,000	\$1.32

Voluntary Life Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$12,500	\$0.50	\$0.50	\$0.50	\$0.63	\$0.75	\$1.13	\$1.63	\$2.75	\$4.25	\$5.50	\$8.50	\$15.00
\$25,000	\$1.00	\$1.00	\$1.00	\$1.25	\$1.50	\$2.25	\$3.25	\$5.50	\$8.50	\$11.00	\$17.00	\$30.00
\$50,000	\$2.00	\$2.00	\$2.00	\$2.50	\$3.00	\$4.50	\$6.50	\$11.00	\$17.00	\$22.00	\$34.00	\$60.00
\$75,000	\$3.00	\$3.00	\$3.00	\$3.75	\$4.50	\$6.75	\$9.75	\$16.50	\$25.50	\$33.00	\$51.00	\$90.00
\$100,000	\$4.00	\$4.00	\$4.00	\$5.00	\$6.00	\$9.00	\$13.00	\$22.00	\$34.00	\$44.00	\$68.00	\$120.00
\$125,000	\$5.00	\$5.00	\$5.00	\$6.25	\$7.50	\$11.25	\$16.25	\$27.50	\$42.50	\$55.00	\$85.00	\$150.00
\$150,000	\$6.00	\$6.00	\$6.00	\$7.50	\$9.00	\$13.50	\$19.50	\$33.00	\$51.00	\$66.00	\$102.00	\$180.00
\$200,000	\$8.00	\$8.00	\$8.00	\$10.00	\$12.00	\$18.00	\$26.00	\$44.00	\$68.00	\$88.00	\$136.00	\$240.00
\$250,000	\$10.00	\$10.00	\$10.00	\$12.50	\$15.00	\$22.50	\$32.50	\$55.00	\$85.00	\$110.00	\$170.00	\$300.00

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

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