



# Voluntary Term Life

## INFO

Indian Rivers Behavioral Health offers a voluntary term life insurance plan to employees and their dependents through Mutual of Omaha. This coverage replaces the income you would have provided, and helps pay funeral costs, manage debt, and cover ongoing expenses. When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

If you wish to elect coverage for you, your spouse, or your dependents outside of the initial eligibility period, you must complete an Evidence of Insurability form through Mutual of Omaha. For additional information about your plans, visit [www.mutualofomaha.com](http://www.mutualofomaha.com) or contact customer service at 1.800.877.5176.



### ELIGIBILITY – ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

### COVERAGE GUIDELINES

	MINIMUM	GUARANTEE ISSUE	MAXIMUM
For You	\$10,000	5 times annual salary, up to \$150,000	\$500,000, in increments of \$10,000, but no more than 5 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$20,000	100% of employee's benefit, up to \$250,000
Children	\$2,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

### BENEFITS

Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
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### FEATURES

Living Care/ Accelerated Death Benefit Amount	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$400,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.

## VOLUNTARY TERM LIFE CONTINUED

Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. You get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (information about your health).
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

### AGE REDUCTIONS AND EXCLUSIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70, amounts reduce to 50%. Spouse coverage terminates when you reach age 80.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Please contact Human Resources if you have any questions prior to enrolling.



## Voluntary Term Life – Rate

### Voluntary Term Life Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

1. Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimum and maximums, if needed.
2. Find your age bracket in the far-left column.
3. Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4. Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of our enrollment form.

**VOLUNTARY TERM LIFE - RATE CONTINUED**

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

**EMPLOYEE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)**

AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 24	\$0.29	\$0.57	\$0.86	\$1.14	\$1.43	\$1.72	\$2.00	\$2.29	\$2.58	\$2.86
25 - 29	\$0.33	\$0.66	\$0.98	\$1.31	\$1.64	\$1.97	\$2.29	\$2.62	\$2.95	\$3.28
30 - 34	\$0.38	\$0.77	\$1.15	\$1.53	\$1.92	\$2.30	\$2.68	\$3.06	\$3.45	\$3.83
35 - 39	\$0.48	\$0.95	\$1.43	\$1.90	\$2.38	\$2.85	\$3.33	\$3.80	\$4.28	\$4.75
40 - 44	\$0.65	\$1.29	\$1.94	\$2.58	\$3.23	\$3.88	\$4.52	\$5.17	\$5.82	\$6.46
45 - 49	\$0.99	\$1.98	\$2.96	\$3.95	\$4.94	\$5.93	\$6.91	\$7.90	\$8.89	\$9.88
50 - 54	\$1.60	\$3.20	\$4.80	\$6.41	\$8.01	\$9.61	\$11.21	\$12.81	\$14.41	\$16.02
55 - 59	\$2.63	\$5.25	\$7.88	\$10.50	\$13.13	\$15.76	\$18.38	\$21.01	\$23.64	\$26.26
60 - 64	\$4.05	\$8.10	\$12.16	\$16.21	\$20.26	\$24.31	\$28.37	\$32.42	\$36.47	\$40.52
65 - 69	\$6.49	\$12.99	\$19.48	\$25.98	\$32.47	\$38.96	\$45.46	\$51.95	\$58.44	\$64.94
70 - 74	\$11.56	\$23.12	\$34.68	\$46.25	\$57.81	\$69.37	\$80.93	\$92.49	\$104.05	\$115.62
75 - 79	\$20.16	\$40.33	\$60.49	\$80.66	\$100.82	\$120.99	\$141.15	\$161.32	\$181.48	\$201.65
80 - 84	\$36.29	\$72.57	\$108.86	\$145.14	\$181.43	\$217.72	\$254.00	\$290.29	\$326.58	\$362.86
85+	\$146.21	\$292.41	\$438.62	\$584.82	\$731.03	\$877.24	\$1,023.44	\$1,169.65	\$1,315.86	\$1,462.06

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse’s rate is based on your age, so find your age bracket in the far-left column of the Spouse Premium Table. Your spouse’s premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse’s benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

**SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)**

AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 24	\$0.14	\$0.29	\$0.43	\$0.57	\$0.72	\$0.86	\$1.00	\$1.14	\$1.29	\$1.43
25 - 29	\$0.17	\$0.33	\$0.49	\$0.66	\$0.82	\$0.98	\$1.15	\$1.31	\$1.48	\$1.64
30 - 34	\$0.19	\$0.38	\$0.58	\$0.77	\$0.96	\$1.15	\$1.34	\$1.53	\$1.73	\$1.92
35 - 39	\$0.24	\$0.48	\$0.72	\$0.95	\$1.19	\$1.43	\$1.67	\$1.90	\$2.14	\$2.38
40 - 44	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23
45 - 49	\$0.49	\$0.99	\$1.48	\$1.98	\$2.47	\$2.96	\$3.46	\$3.95	\$4.44	\$4.94
50 - 54	\$0.80	\$1.60	\$2.40	\$3.20	\$4.01	\$4.80	\$5.61	\$6.41	\$7.21	\$8.01
55 - 59	\$1.32	\$2.63	\$3.94	\$5.25	\$6.57	\$7.88	\$9.19	\$10.50	\$11.82	\$13.13
60 - 64	\$2.03	\$4.05	\$6.08	\$8.10	\$10.13	\$12.16	\$14.18	\$16.21	\$18.24	\$20.26
65 - 69	\$3.25	\$6.49	\$9.74	\$12.99	\$16.24	\$19.48	\$22.73	\$25.98	\$29.22	\$32.47
70 - 74	\$5.78	\$11.56	\$17.34	\$23.12	\$28.91	\$34.68	\$40.47	\$46.25	\$52.03	\$57.81
75 - 79	\$10.08	\$20.16	\$30.25	\$40.33	\$50.41	\$60.49	\$70.58	\$80.66	\$90.74	\$100.82

**ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)\***

\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.10	\$0.15	\$0.19	\$0.24	\$0.30	\$0.34	\$0.39	\$0.44	\$0.49

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.