

# Enrollment at a Glance

## A Guide to Your Plan Basics

### City of Fort Worth

**Take advantage of insurance offered at your workplace.  
It's convenient and affordable.**

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by City of Fort Worth can be an important part of your financial security.

City of Fort Worth provides you with Basic Life Insurance coverage and Accidental Death and Dismemberment Insurance in the amount 1 times basic annual earnings to a maximum of \$500,000. Eligible employees may apply for more coverage in the Supplemental Group Term Life Insurance program.

#### Special Supplemental Term Life Insurance Open Enrollment

Your Life Insurance Benefit Includes	
<b>Convenient Payroll Deductions</b>	<i>(Applicable for Supplemental Life Only)</i> Since deductions are taken directly from your paycheck, you never have to worry about late payments or lapse notices.
<b>“Take it With You”</b>	<i>(Applicable for Basic Life and Supplemental Life)</i> The portability option allows for continued coverage that can help protect your family even when your current employment ends.
<b>Waiver of Premium</b>	<i>(Applicable for Basic Life and Supplemental Life)</i> If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.
<b>Accelerated Benefit</b>	<i>(Applicable for Basic Life and Supplemental Life)</i> You may collect a portion of your death benefit (typically 75%) while you are living, if you are diagnosed with a terminal condition with a limited life expectancy under 24 months (may vary by state).

Refer to the information on the following pages to learn more about Supplemental Group Term Life Insurance options and determine your coverage cost.



## Supplemental Term Life Insurance Coverage Options

	For You	For Your Spouse	For Your Child(ren)
<b>Eligibility</b>	All active employees working 20+ hours per week.	Coverage is available only if Employee Supplemental Life Insurance is elected.	Coverage is available only if Employee Supplemental Life Insurance is elected.
<b>Coverage Options</b>	1, 2, 3, 4, or 5 times your annual earnings. The amount chosen cannot exceed \$500,000. Coverage is rounded to the next higher \$1,000.	\$50,000.	\$10,000 on your children age 14 days but less than 26 years. \$750.00 on your Children from age of birth but less than 14 days.
<b>Guaranteed Issue Offer*</b>	<b>New Hire &amp; Open Enrollment 01/01/2015 –</b> You can elect up to \$500,000 or 5 times your annual salary, whichever is less, of coverage without providing proof of good health during the initial eligibility period.	<b>New Hire &amp; Open Enrollment 01/01/2015 –</b> \$50,000 of coverage without providing proof of good health on your spouse during the initial eligibility period.	<b>New Hire &amp; Open Enrollment 01/01/2015 –</b> You can elect coverage without providing proof of good health on your children during the initial eligibility period.
<b>Supplemental Accidental Death &amp; Dismemberment Insurance</b>	Coverage is available in an amount equal to elected Employee Supplemental Life Insurance up to \$500,000.	Coverage is available in an amount equal to elected Dependent Spouse Supplemental Life Insurance up to \$50,000.	Coverage is available in an amount equal to elected Dependent Children Supplemental Life Insurance.
<b>Age Reduction(s)</b>	Benefit amount reduces to 50% of original coverage at age 70.	Not applicable.	Not applicable.

The term “spouse” as used in this summary includes a domestic partner or civil union partner as described in the certificate(s) of insurance.

Contact your employer if you have questions about the definition of "child" for your plan.

Accidental Death & Dismemberment coverage has exclusions that are described in the certificate of coverage.

\*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, you elect coverage outside of the open enrollment period, or you submit an application for coverage more than 31 days after the date you become eligible. Subject to approval by the insurance company.

## Insurance Rate Information and Premium Calculator

The cost is calculated based on the age of the employee and spouse at the start of the plan's current policy year.

The rates shown are guaranteed through 01/01/2018.

### Employee and Spouse Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance Rates

Age	Monthly Cost per \$1,000 of Coverage
Under 25	\$0.082
25-29	\$0.092
30-34	\$0.112
35-39	\$0.122
40-44	\$0.172
45-49	\$0.242
50-54	\$0.402
55-59	\$0.632
60-64	\$0.942
65-69	\$1.792
70 +	\$2.882

### Dependent Children Life and Accidental Death and Dismemberment (AD&D) Insurance Rates

Coverage Levels	Monthly Cost
\$1,000 each child	\$1.52

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

Supplemental Life Insurance	For You	For Your Spouse	For Your Children
<b>Step 1:</b> Select the amount of insurance you want	\$	\$	\$
<b>Step 2:</b> Divide this number by \$1,000	\$	\$	\$
<b>Step 3:</b> Enter the rate from the table(s) above	\$	\$	\$
<b>Step 4:</b> Multiply Step #2 by Step #3	(A)	(B)	(C)
	\$	\$	\$
<b>Step 5:</b> Add (A), (B), and (C) for the Total Monthly Premium	\$		

Supplemental AD&D Insurance	For You	For Your Spouse	For Your Children
<b>Step 6:</b> Select the amount of insurance you want	\$	\$	\$
<b>Step 7:</b> Divide this number by \$1,000	\$	\$	\$
<b>Step 8:</b> Enter the rate from the table(s) above	\$	\$	\$
<b>Step 9:</b> Multiply Step #7 by Step #8	(A)	(B)	(C)
	\$	\$	\$
<b>Step 10:</b> Add (A), (B), and (C) for the Total Monthly Premium	\$		

<b>Total Monthly Premium - Add Step 5 and Step 10</b>	\$
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This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the Voya Financial™ family of companies. Policy form LP00GP (may vary by state).

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