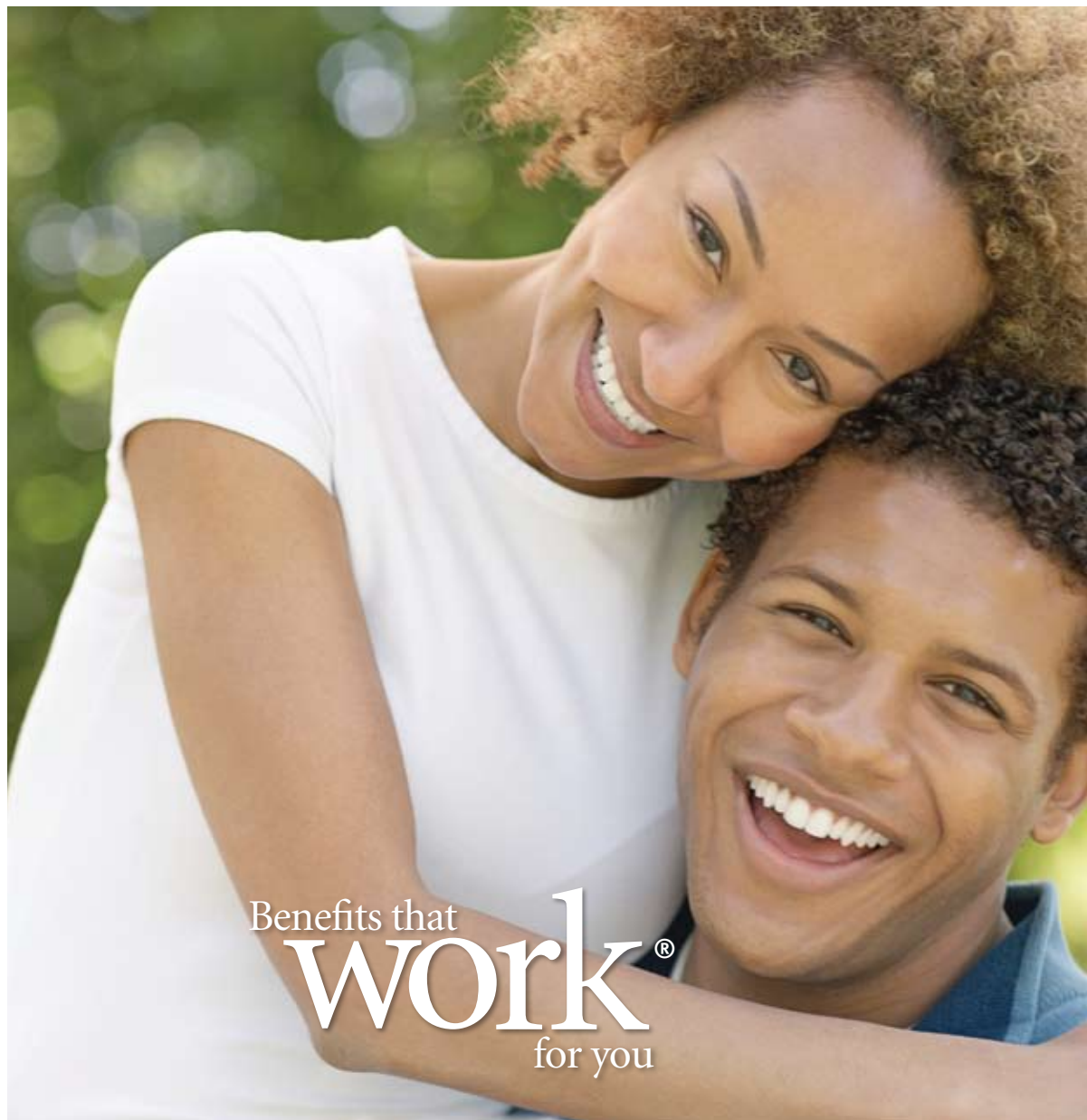




# VOLUNTARY TERM LIFE INSURANCE



Benefits that  
**work**<sup>®</sup>  
for you







## Eligibility

All full-time employees, who are citizens or permanent residents of the United States, or a person who is authorized to work in the United States pursuant to the Immigration and Nationality Act and related rules and regulations, who is Actively Employed, have an opportunity to enroll in voluntary term life insurance from United of Omaha Life Insurance Company. This plan offers additional financial protection for you and your family with premiums payable through the convenience of payroll deduction.

**Note:** You may apply for voluntary term life coverage at any time for you, your spouse and dependents. However, evidence of good health (answering health questions) may be required – refer to Guarantee Issue section on page 3.

## Employee Coverage

You may purchase up to \$500,000 of voluntary term life coverage ***not to exceed 5 times your annual salary.***

**Note:** If you and your spouse work for the same employer, both are eligible for employee coverage, ***but you may not insure one another as dependents.*** Dependent children can be insured only under one parent.

## Dependent Coverage

Additionally, if you elect voluntary term life insurance coverage, you may also enroll your spouse and/or children for limited amounts of the same coverage.

Eligible spouse must be younger than age 70. Dependent children must be younger than age 21 (age 25 for full-time students) and not hospital confined.



# VOLUNTARY TERM LIFE COVERAGE HIGHLIGHTS



## Why Life Insurance is Important

Life insurance is financial protection for those you leave behind. It helps to ensure that your loved ones are protected against financial difficulties in the event of your death.

Life insurance provides cash in the event of your death to help replace the income you would have provided and can help meet important financial needs. It can help pay the mortgage or rent, run the household, send your children to college, pay off debts and more.

## How Much Life Insurance Do You Need?

Before you decide to buy life insurance, consider the amount of insurance you will need. Insurance professionals recommend carrying life insurance equal to four or five times household income.\* However, since everyone's needs are different, it's important to assess your personal situation and specific needs. Start by asking yourself these questions:

- Do you have a mortgage, credit cards or other debts to be paid?
- Do you want to provide an amount for college education for your children or grandchildren?
- How would the loss of your income impact your family's lifestyle and security?
- Will your family be protected during your retirement years?
- How much can you afford to set aside to provide for needed protection?

*\*National Association of Insurance Commissioners, Survey March 2009*



# VOLUNTARY TERM LIFE COVERAGE HIGHLIGHTS

## Coverage Options-

- Employee only
- Employee and spouse
- Employee, spouse and child(ren)
- Employee and child(ren)

	Employee	Spouse	Child(ren)
<b>Minimum</b>	\$10,000	\$5,000	\$2,000
<b>Maximum</b>	5 times annual salary, up to \$500,000	50% of employee's benefit, up to \$100,000	\$10,000
<b>Guarantee Issue Amount</b>	\$100,000	\$25,000	\$10,000

**Note:** In order to purchase life coverage for your dependents, you must buy coverage for yourself.

## Guarantee Issue Amounts

- **Employee:** You may purchase term life coverage up to 5 times your annual salary not to exceed \$500,000. You may purchase up to the guarantee issue amount of \$100,000 *without answering health questions or undergoing a medical exam*. You must apply within 31 days of being eligible
- **Spouse:** You may purchase coverage up to 50 percent of the Employee's amount not to exceed \$25,000 *without answering health questions or undergoing a medical exam*
- **Children:** You may purchase coverage up to \$10,000 *without answering health questions or undergoing a medical exam*. The maximum benefit for a child between the ages of live birth and 6 months is \$1,000

## Additional Features

### Portability

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).

### Conversion

Conversion offers you an opportunity to continue your voluntary term life insurance as an individual whole life policy, assuming you are not continuing the same coverage through portability. You are eligible for conversion regardless of your medical condition. Premiums for whole life insurance remain level over the life of the policy.

### Living Care Benefit

If you become terminally ill and are not expected to live more than 12 months, you may request up to 50 percent of your life insurance amount up to \$200,000 to be paid before death if the insured has a qualifying terminal illness and meets all terms and conditions of the policy.

### Waiver of Premium

If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premiums, subject to certain conditions as defined by your plan. It is important to apply for Waiver of Premium in a timely manner. If not accepted, you may have the option to convert your coverage if you do not plan to return to work. Contact your employer to obtain the necessary form.

# VOLUNTARY TERM LIFE COVERAGE HIGHLIGHTS

## Age Reductions

Coverage amount(s) will reduce according to the following schedule:

Attained Age	Insurance Reduction Amount
70	50% of original amount
75	30% of original amount
80	20% of original amount

## Exclusion

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date of issue. 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.

## When Coverage Ends

Coverage for you ends on the earliest of:

- The date the policy or plan is cancelled;
- The date you are no longer in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, or unless coverage is ported, as described in the certificate of coverage;
- The date of your death for dependent's coverage.

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under the plan ends;
- The date your dependent ceases to be an eligible dependent;
- The date of divorce or annulment for a spouse.

## Important Information

You must be "Actively-at-Work" to be eligible for coverage. Coverage is automatically terminated on the first of the month after you leave the district either through termination, retirement or no longer being considered "Actively-at-Work." If you cease to be on the job **due to an approved leave of absence**, your coverage will continue. If you cease to be on the job **due to a disability**, you will need to complete a Waiver of Premium application. Contact your employer to obtain the necessary form.

## How To Enroll

1. Complete the employee section of the Voluntary Term Life enrollment form.
2. Enter the benefit amount and corresponding premium best suited to your needs and/or your dependents.
3. List applicable dependent information.
4. Designate your beneficiary(ies).
5. Sign and date the enrollment form.
6. Return the completed enrollment form to your Benefits Administrator for processing.

## Voluntary Term Life Rates

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

1. Locate the benefit amount you want to select in the top row of the employee monthly premium table.
2. Find your age bracket from the far left column.
3. Your premium amount is found in the box where the column (your age) and the row (benefit amount) intersect.
4. Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

Employee Monthly Premium Table										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 – 24	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
25 – 29	0.60	1.20	1.80	2.40	3.00	3.60	4.20	4.80	5.40	6.00
30 – 34	0.70	1.40	2.10	2.80	3.50	4.20	4.90	5.60	6.30	7.00
35 – 39	0.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
40 – 44	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00
45 – 49	1.60	3.20	4.80	6.40	8.00	9.60	11.20	12.80	14.40	16.00
50 – 54	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
55 – 59	4.90	9.80	14.70	19.60	24.50	29.40	34.30	39.20	44.10	49.00
60 – 64	6.70	13.40	20.10	26.80	33.50	40.20	46.90	53.60	60.30	67.00
65 – 69	11.40	22.80	34.20	45.60	57.00	68.40	79.80	91.20	102.60	114.00
70 – 74	21.60	43.20	64.80	86.40	108.00	129.60	151.20	172.80	194.40	216.00
75 – 79	30.20	60.40	90.60	120.80	151.00	181.20	211.40	241.60	271.80	302.00
80+	30.20	60.40	90.60	120.80	151.00	181.20	211.40	241.60	271.80	302.00

Follow steps 1-4 to select your spouse's benefit amount and calculate their monthly premium.

Spouse Monthly Premium Table										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 – 24	0.25	0.50	0.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50
25 – 29	0.30	0.60	0.90	1.20	1.50	1.80	2.10	2.40	2.70	3.00
30 – 34	0.35	0.70	1.05	1.40	1.75	2.10	2.45	2.80	3.15	3.50
35 – 39	0.40	0.80	1.20	1.60	2.00	2.40	2.80	3.20	3.60	4.00
40 – 44	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
45 – 49	0.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
50 – 54	1.20	2.40	3.60	4.80	6.00	7.20	8.40	9.60	10.80	12.00
55 – 59	2.45	4.90	7.35	9.80	12.25	14.70	17.15	19.60	22.05	24.50
60 – 64	3.35	6.70	10.05	13.40	16.75	20.10	23.45	26.80	30.15	33.50
65 – 69	5.70	11.40	17.10	22.80	28.50	34.20	39.90	45.60	51.30	57.00

You pay the same premium amount for each child, so find the benefit amount "Per Child" and multiply the cost by the number of dependent children you have to find the total premium amount.

All Children Monthly Premium Table*										
	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
Rate	.10	.20	.30	.40	.50	.60	.70	.80	.90	1.00

If you would like to calculate the total premium for your Voluntary Term Life benefits (for your own information), enter the appropriate premium amounts below and add them to obtain a total.

$$\frac{\text{Employee Premium}}{\text{Employee Premium}} + \frac{\text{Spouse Premium}}{\text{Spouse Premium}} + \frac{\text{Child(ren) Premium}}{\text{Child(ren) Premium}} = \frac{\text{Total Monthly Premium}}{\text{Total Monthly Premium}}$$



## **UNITED OF OMAHA LIFE INSURANCE COMPANY**

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

*mutualofomaha.com*

This insurance plan overview is not intended to provide a complete description of the voluntary benefit coverage. Benefits may not be available in all states. Some exclusions, limitations and reductions may apply. Please contact your United of Omaha representative for specific product details and policy provisions.

Voluntary Term Life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed in all states, except New York. Policy Form Number: 7000GM-U-EZ 2001 (NY: 7000GM-C-EZ 2005; OK: 7000GM-U-EZ 2001 OK; OR: 7000GM-U-EZ 2001 OR) or state equivalent. United of Omaha Life Insurance Company is responsible for its own financial obligations.

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**WILD KINGDOM**  
on Animal Planet

