



Voluntary Life Insurance

For Pierce County - Teamsters

How the Plan Works

Life is full of many twists and turns. LifeMap Voluntary Life coverage protects your family's future, no matter what life may throw your way.

- Eligibility Requirement**
 If you are a full-time active Teamster employee working a minimum of 14 hours per week and enrolled in Basic Life Insurance, you will be eligible for these benefits.
- Who pays for the coverage?**
 Voluntary Life Insurance premiums are paid by you, the employee, through payroll deduction.
- Dependent Eligibility Requirement**
 Dependents must be a Legal Spouse, Non-State Registered/State Registered Domestic Partner, and or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- Guarantee Issue***
 Enroll within 31 days of your initial eligibility date and with no questions asked, you will be covered for up to \$100,000 in Voluntary Life Insurance. With a few extra steps of completing our Evidence of Insurability requirements, you may be covered for up to \$300,000!

Benefits Summary

Plan Benefits

Employee Only Life Insurance	\$10,000 increments to a maximum of \$300,000
Family Life Insurance	Employee: \$10,000 increments to a maximum of \$300,000 Spouse: 50% of insured employee's amount Dependent Children: \$2,000 per child

Guarantee Issue Amount

Employee	\$100,000
Spouse	\$50,000
Dependent Child(ren)	\$2,000

Plan Features

Accelerated Benefit	A covered employee or spouse who is diagnosed as terminally ill may receive a portion of the life insurance benefit before death. Remaining benefits are reserved for the member's beneficiary.
Conversion	Voluntary Life may be converted to an individual policy, without proof of insurability, within 31 days of loss of eligibility.
Portability	Voluntary Life may be ported without proof of insurability within 31 days of loss of eligibility. If elected, portability coverage will end the earliest of when you reach age 65 or when this master policy terminates.
Waiver of Premium	Life coverage may be continued without payment of premium if a covered employee or spouse becomes totally disabled prior to age 60 (proof of disability required). Coverage may be continued up to age 65.

Reduction Schedule

If you are still working the required number of hours to be eligible for this insurance at age 65, your benefits will reduce to 65% at age 65 and to 50% at age 70.

LifeMapCo.com
1 (800) 794-5390

This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.

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Limitations & Exclusions

Life: No restrictions or exclusions regarding time, place or circumstances of death.

Monthly Rates

per \$1,000 of Benefit

Age	Employee Only	Family
24 and under	\$0.050	\$0.092
25-29	\$0.060	\$0.110
30-34	\$0.079	\$0.147
35-39	\$0.089	\$0.142
40-44	\$0.099	\$0.155
45-49	\$0.148	\$0.234
50-54	\$0.230	\$0.348
55-59	\$0.430	\$0.659
60-64	\$0.660	\$1.000
65-69	\$1.270	\$1.923
70 and over	\$2.060	\$3.325

Monthly Premium Calculation

To calculate your monthly payroll deduction, use the formula below:

$$\begin{array}{c}
 \boxed{} \div \boxed{1,000} \times \boxed{} \\
 \text{Desired} \qquad \qquad \qquad \qquad \qquad \text{Rate} \\
 \text{Benefit} \qquad \qquad \qquad \qquad \qquad \text{(from table left)} \\
 \\
 \text{Estimated Monthly} \\
 \text{Payroll Deduction: } \boxed{}
 \end{array}$$

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