

## ELEVANTA HEALTH SUPPLEMENTAL LIFE INSURANCE

ELIGIBILITY	All Salaried Full-time employees may purchase up to \$100,000 All Hourly Full-time employees may purchase up to \$50,000 Guaranteed Issue: \$50,000 Not offered to part-time employees Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
<b>Dependent Eligibility</b>	Employees must participate in voluntary plan for dependents to participate
<b>Benefit Amount</b>	Increments of \$10,000 Up to a maximum of \$100,000
<b>Maximum Benefit Amount</b>	Salaried Full-time - \$100,000 Hourly Full-time - \$50,000
<b>Spouse Life Benefit</b>	50% of employee-only coverage Increments of \$5,000 Up to a maximum of \$50,000
<b>Child Life Benefit</b>	Coverage begins at age 14 days to six months at \$500 Six months to 25 years in increments of \$5,000 Up to a maximum of \$10,000
<b>Guaranteed Issue</b>	Salaried Full-time - \$50,000 Hourly Full-time - \$50,000
<b>Dependent Guaranteed Issue</b>	Spouse: \$10,000 Child: all guaranteed issue
<b>Medical Underwriting Requirement</b>	At initial eligibility no medical underwriting is required. If you choose to waive coverage at this time, but at a later date decide to enroll, medical underwriting will be required for any amount of supplemental term life insurance and insurer must approve coverage.
<b>Suicide Exclusion</b>	No death benefits will be paid if insured commits suicide during the first two years of coverage. This two-year suicide exclusion also applies to all later increases in coverage.

## ELEVANTA HEALTH SUPPLEMENTAL AD&D INSURANCE

ELIGIBILITY	Class 1: All salaried and full-time hourly employees may purchase up to \$100,000 Class 2: All part-time hourly employees working an average of 20 hours or more per week may purchase up to \$50,000 Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
<b>Employee Maximum Benefit Amount</b>	Class 1: Increments of \$10,000 up to \$100,000 Class 2: Increments of \$10,000 up to \$50,000
<b>Spouse Maximum Benefit Amount</b>	Class 1: Increments of \$5,000 up to \$50,000 Class 2: Increments of \$2,000 up to \$10,000
<b>Child Maximum Benefit Amount</b>	Class 1: Increments of \$5,000 up to \$25,000 Class 2: Increments of \$2,000 up to \$10,000
<b>Loss Of Life</b>	100% of the principal sum in the event of accidental loss of life occurring within 365 days of a covered accident
<b>Living</b>	Up to 100% of the principal sum for paralysis, dismemberment, loss of eyesight and speech and hearing in both ears
<b>Coma</b>	1% per month for 11 months, then 100% of principal sum after 12th month
<b>Dismemberment</b>	One member: 50% of principal sum Two members: 100% of principal sum Thumb and Index: 25% of principal sum All four fingers/same: 25% of principal sum All toes: 20% of principal sum One hand or one foot and sight in one eye: 100% of principal sum
<b>Paralysis</b>	Total paralysis of upper and lower limbs (quadriplegia): 100% Total paralysis of both lower limbs (paraplegia): 75% Total paralysis of upper and lower limbs on one side of body (hemiplegia): 50% Total paralysis of one upper or one lower limb (uniplegia): 25%
<b>Sight In One Eye</b>	50%
<b>Speech AND Hearing</b>	100%
<b>Speech OR Hearing</b>	50%