

# Basic and Additional Life Insurance



It's not easy to think about, but what if you suddenly died? Could your family live without your income? Would your family be able to cover the medical expenses associated with a terminal illness or with burial and funeral expenses?

The City of Dallas offers life insurance for you and your family when tough situations arise. This coverage is administered through The Standard.

## Eligibility

To be eligible for Basic and Additional Life:

- You must be an active employee of the City of Dallas excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- If you are a full-time employee, you must be regularly working at least 40 hours each week
- If you are a part-time employee, you must be regularly working at least 20 hours each week, but less than 40 hours
- For Additional Life, you must be insured for Basic Life
- For Dependent Life insurance – Your spouse/domestic partner or children must not be full-time members of the armed forces or an active City of Dallas employee

## Basic Life Insurance

- Full-time employees receive \$50,000 of basic life insurance coverage — the City of Dallas pays the full cost of this coverage for you.
- If you are a part-time employee, you may elect to purchase this coverage — your bi-weekly premium rate for this plan is \$0.50 per pay period.

It is important to **name a beneficiary** – the person(s) who will receive the life insurance benefit in the event of your death. Please visit the City of Dallas benefits website or contact the Benefits Service Center at **(855) 656-9114**.

## Supplemental Life Insurance

In addition to basic life insurance, you may elect supplemental life insurance for yourself. You must have basic life insurance to elect supplemental life insurance.

- Option 1** 1 times your annual earnings, rounded to the next higher multiple of \$1,000, if not already of multiple of \$1,000. The maximum amount is \$500,000
- Option 2** 2 times your annual earnings, rounded to the next higher multiple of \$1,000, if not already of multiple of \$1,000. The maximum amount is \$500,000
- Option 3** 3 times your annual earnings, rounded to the next higher multiple of \$1,000, if not already of multiple of \$1,000. The maximum amount is \$500,000

## Calculating Your Costs

Follow these steps to calculate your supplemental life Insurance coverage cost:

Choose the amount of coverage you want.

\_\_\_\_\_ Line 1

Divide the amount in Line 1 by \$1,000.

\_\_\_\_\_ Line 2

Use the chart to the right to find the cost for your age and enter on Line 3. Your rate =

\_\_\_\_\_ Line 3

Multiply the amount in Line 2 by the amount in Line 3 to find your bi-weekly cost.

\_\_\_\_\_ Line 4

Supplemental Life Insurance Bi-Weekly Rates	
Employee's Age (on last January 1)	Rate (Per \$1,000 of total coverage)
<25	\$0.0215
25-29	\$0.0260
30-34	\$0.0360
35-39	\$0.0370
40-44	\$0.0450
45-49	\$0.0750
50-54	\$0.1150
55-59	\$0.2110
60-64	\$0.3050
65-69	\$0.5750
70+	\$1.0300



## Evidence of Insurability

You may elect to increase your coverage by 1 times your annual earnings during annual enrollment without submitting Evidence of Insurability (EOI). However, EOI is required if:

- You increase coverage by more than 1 times your annual earnings, not to exceed 3 times your annual earnings
- The date you apply is more than 30 days after you become eligible
- You request coverage increases, reinstatement of terminated coverage, or coverage for members eligible but not insured under prior plans

If you have questions regarding the EOI form, please contact the Benefits Service Center at **(855) 656-9114**.

## Dependent Life Insurance

You may also buy optional life insurance for your eligible dependents. The amount of coverage for your spouse or children may not exceed 100 percent of your combined basic and additional life coverage.

**Option 1** **\$15,000 Spouse**  
**\$5,000 Children** \$1.215 per pay period, regardless of the number of eligible dependents covered

**Option 2** **\$25,000 Spouse**  
**\$10,000 Children** \$2.230 per pay period, regardless of the number of eligible dependents covered

## Accelerated Benefits

Under the Accelerated Benefit provision, if you are a full-time employee regularly working at least 40 hours each week, you may be eligible to receive up to 75 percent, or a maximum of \$500,000, of your Additional Life insurance coverage if you become terminally ill, have a life expectancy of less than 12 months, and meet other eligibility requirements.

The amount of Additional Life insurance payable upon your death is reduced by the Accelerated Benefit paid and an interest charge.

## Active Work Requirements

If you are not actively at work on the day before the scheduled effective date of insurance including Dependent Life Insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

## Age Reductions

Under this plan, your insurance will not be reduced because of your age.

## Suicide Exclusion

Contributory (employee paid) Life coverage includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

## Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please contact The Standard at (877) 474-4250 for additional information.

# Voluntary Accidental Death and Dismemberment (AD&D) Insurance



Voluntary AD&D insurance provides benefits to you or your beneficiaries in the event of an accidental injury or death.

## Employee Coverage

You may elect voluntary AD&D coverage in increments of \$25,000, up to a maximum of \$250,000. However, amounts above \$150,000 cannot exceed 10 times your annual earnings.

## Dependent Coverage

If you elect coverage for yourself, you may also elect coverage for your dependents.

- Spouse/Domestic Partner only: 60 percent of your voluntary AD&D coverage amount
- Children only: 20 percent of your voluntary AD&D coverage amount, up to a maximum of \$50,000 per child
- Spouse/Domestic Partner and Children: 50 percent of your voluntary AD&D coverage amount for your spouse/domestic partner and 15 percent of your voluntary AD&D coverage amount for each child. The amount of coverage for your children may not exceed \$50,000 per child

## Features

- **Air Bag Benefit** – provides an additional benefit in the event of a covered automobile accident for which a Seat Belt Benefit is payable
- **Family Benefits Package** – eligible family members may be entitled to receive additional financial help for child care, college or career training. Included are the Child Care Benefit, Higher Education Benefit and Career Adjustment Benefit
- **Paralysis Benefit** – provides a portion of your AD&D benefit if you suffer an accident that results in quadriplegia, hemiplegia, or paraplegia
- **Public Transportation Benefit** – provides an additional benefit in the event of death as a result of an accident that occurs while you are riding as a fare-paying passenger on public transportation
- **Seat Belt Benefit** – provides an additional benefit in the event of a covered automobile accident
- **Adaptive Home and Vehicle Benefit** – provides an additional benefit if you suffer a loss, other than loss of life and is a onetime benefit in which accommodations may be made to your principal residence or automobile
- **Line of Duty Benefit** – Additional benefit for Public Safety Officers who suffer an AD&D loss. Lesser of \$50,000 or 100 percent of the AD&D benefit inconvenience

## Benefit Amount

The amount of this AD&D Insurance Benefit for other covered losses is a percentage of the amount payable for Additional AD&D insurance coverage on the date of the accident.

Type of Loss	Percentage Payable
Life <sup>1</sup>	100%
One hand or foot <sup>2</sup>	50%
Sight in one eye	50%
Audible speech	50%
Hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand <sup>3</sup>	25%
Quadriplegia <sup>4</sup>	100%
Hemiplegia <sup>4</sup>	50%
Paraplegia <sup>4</sup>	75%
Uniplegia <sup>4</sup>	25%
Coma	*

<sup>1</sup> This benefit includes loss of life due to exposure or disappearance. Disappearance must be caused directly by an accident that could have reasonably resulted in death and must occur independently of all other causes continuing for a period of 365 days after the date of the accident despite reasonable search efforts.

<sup>2</sup> This benefit is payable whether or not the hand or foot is surgically reattached.

<sup>3</sup> This benefit is not payable if an AD&D insurance benefit is payable for the loss of the entire hand.

<sup>4</sup> This benefit is not payable for loss of function of a hand or foot if an AD&D Insurance Benefit is payable for Quadriplegia, Hemiplegia, Paraplegia or Uniplegia involving that same hand or foot.

\* Payments for coma is 1 percent per month of the remainder of the AD&D Insurance Benefit payable for Loss of life after reduction by any AD&D Insurance Benefit paid for any other Loss as a result of the same accident. Payments for coma will not exceed a maximum of 11 months.

# Voluntary Accidental Death and Dismemberment (AD&D) Insurance



## Premium Examples (Age under 70)

Below you will find the actual cost per Pay Period, based on the benefit amount you elect.

Employee Only		Employee/Family	
Benefit Amount	Bi-Weekly Rate	Benefit Amount	Bi-Weekly Rate
\$25,000	\$0.310	\$25,000	\$0.500
\$50,000	\$0.625	\$50,000	\$1.000
\$75,000	\$0.935	\$75,000	\$1.500
\$100,000	\$1.250	\$100,000	\$2.000
\$125,000	\$1.560	\$125,000	\$2.500
\$150,000	\$1.875	\$150,000	\$3.000
\$175,000	\$2.185	\$175,000	\$3.500
\$200,000	\$2.500	\$200,000	\$4.000
\$225,000	\$2.810	\$225,000	\$4.500
\$250,000	\$3.125	\$250,000	\$5.000

## Active Work Requirements

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until you complete one day of active work as an eligible employee.

## Age Reductions

Under this policy, insurance coverage reduces to 65 percent at age 70, 45 percent at age 75, 30 percent at age 80, and 15 percent at age 85. If you are age 70 or over, ask The Standard at (877) 474-4250 for the amount of coverage available.

## Limitations

The loss must occur solely by an accident and independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by us.