

Group Voluntary Life Insurance

For Employees of Employers Participating in the Washington Counties Insurance Fund
Answers To Your Questions About Coverage From The Standard



Booklet Includes

- Coverage Highlights
- Enrollment Form

Standard Insurance Company





Voluntary Life Insurance

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children’s education, and more in the event of your passing. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through your employer, who must be participating in Washington Counties Insurance Fund (WCIF).

Eligibility Requirements

- Policy # 645273-H**
 - The group policy effective date is January 1, 2009
- Employee**
 - You must be enrolled in Basic Life insurance under group policy 645273-G, and one of the following:
 - An active employee of an employer participating in WCIF, who is working at least the minimum amount of hours required by your employer to be eligible under the group policy*; or
 - An active elected official of an employer participating in WCIF
 - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- Dependent**
 - You must elect Voluntary Life insurance for yourself in order to elect Dependents Life insurance
 - Spouse means a person to whom you are legally married or if your employer offers domestic partner coverage, your domestic partner as recognized by law
 - Child means your child from live birth through age 25
 - Your spouse or children must not be full-time member(s) of the armed forces
- Premium**
 - You pay 100 percent of the premium for this coverage through easy payroll deduction

*Please contact your human resources representative for more information about eligibility requirements.

Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Voluntary Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
Employee	\$10,000	\$10,000	\$150,000	\$500,000*
Spouse	\$10,000	\$10,000	\$30,000	\$250,000

	Minimum	Incremental Unit	Maximum
Child	\$2,000	\$2,000	\$10,000

*When combined with your Basic Life insurance under group policy 645273-G, but not to exceed 6 times your Annual Earnings

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: http://www.standard.com/mybenefits/mhs_ho.html.
- To obtain a paper medical history form visit the WCIF website at www.wcif.net
- All late applications for employees and spouse (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees and Spouses eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- Medical Evidence of Insurability (EOI) is not required for child(ren).
- The coverage amount for your spouse cannot exceed 100 percent of your Voluntary Life coverage.
- The coverage amount for your child(ren) cannot exceed 100 percent of your Voluntary Life coverage.

Coverage Amount Needed

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Voluntary Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: <http://www.standard.com/lifeneeds>.

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

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

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

Life Insurance Age Reductions

Under this plan, your coverage amount reduces based on your age as follows: by 35 percent at age 70, by 55 percent at age 75, and by 70 percent at age 80.

Your spouse's coverage amount terminates the date your spouse reaches age 70.

If you are age 70 or over, ask your human resources representative for the amount of coverage available.

Life Insurance Features and Benefits

Please see your human resources representative for additional information about the features and benefits below.

- Waiver of Premium** If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Voluntary Life insurance may continue without premium payment until age 65 provided you give us satisfactory proof that you remain totally disabled.
- Accelerated Benefit** If you become terminally ill, you may be eligible to receive up to 75 percent of your Voluntary Life benefit to a maximum of \$500,000.
- Portability** If your insurance ends because your employment terminates, you may be eligible to continue your group insurance coverage under the Portability of Insurance provision. The cost of this insurance is paid for by you.
- Conversion** If your insurance ends or reduces, you may be eligible to convert your Voluntary Life insurance to an individual life insurance policy without submitting proof of good health.
- Travel Assistance*** This service provides you and your dependents with access to appropriate medical care and other emergency services when traveling at least 100 miles from home or in foreign countries for up to 180 days. Travel Assistance also offers a range of professional, 24-hour medical, legal and trip assistance information and coordination services to help your travel go smoothly.

*Travel Assistance is provided through an outside vendor not affiliated with The Standard. Travel Assistance is not an insurance product, except in Oregon.

When Insurance Ends

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The last day of the calendar month in which your employment terminates (This date may vary based on your employer’s specifications as written in the Group Policy. Please contact your human resources representative for more information.)
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The last day of the calendar month in which you cease to be a member
- The date the group policy, or your employer’s coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent, and for your spouse, the date your spouse reaches age 70.

For more details on when insurance ends, contact your human resources representative.

Group Insurance Certificate

If coverage becomes effective, and you become insured, you may retrieve a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events from www.wcif.net or by calling (800) 344-8570. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Employee Rates

If you elect Voluntary Life insurance, your monthly rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee’s Age (as of last Dec 31)	Rate (Per \$10,000 of Total Coverage)
<20	\$0.56
20-24	\$0.66
25-29	\$0.71
30-34	\$0.82
35-39	\$0.98
40-44	\$1.45
45-49	\$2.35
50-54	\$3.91
55-59	\$5.81
60-64	\$8.74
65+	\$12.53

To calculate your premium:

1. Amount Elected: Write this amount on the Voluntary Life requested amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$10,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

Spouse Rates

If you elect Dependents Life insurance for your spouse, your monthly rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (as of last Dec 31)	Rate (Per \$10,000 of Total Coverage)
<20	\$0.60
20-24	\$0.70
25-29	\$0.75
30-34	\$0.90
35-39	\$1.05
40-44	\$1.55
45-49	\$2.45
50-54	\$4.09
55-59	\$5.87
60-64	\$9.57
65-69	\$13.53

To calculate the premium for your spouse:

1. Amount Elected: Write this amount on the Spouse Life requested amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$10,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____

Child Rates

If you elect Dependents Life insurance for your eligible child(ren), your monthly rate for this coverage is \$0.44 per \$2,000 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

To Be Completed By Human Resources

Group Name Washington Counties Insurance Fund (WCIF)	Group Number 645273	Division 01	Billing Category 0100	Date of Employment
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To Be Completed By Applicant Apply for Coverage Beneficiary Change *Complete Beneficiary Section below.* Name Change
 Add or Delete Dependent Date of add/delete _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address		City	State	ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>			Phone Number	
Employer Name			Job Title/Occupation	
Hours Worked Per Week	Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			

Coverage *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

Voluntary Life Insurance

Employee Voluntary Life Your requested amount \$ _____

Dependents Life Insurance

Spouse Life Requested amount \$ _____

Spouse Name _____ Date of Birth _____

Child(ren) Life _____ Requested amount \$ _____

Beneficiary *This designation applies to your Voluntary Life Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.*

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*
Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

***Total must equal 100%**

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.



For more than one hundred years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance. We provide insurance to more than 25,500 covering nearly 8.4 million employees.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about Voluntary Life Insurance from The Standard contact your human resources department or visit us at **www.standard.com**.

* As of June 30, 2012, based on internal data developed by Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

GP190-LIFE/S399, GP399-LIFE/TRUST,
GP899-LIFE, GP190-LIFE/A997/S399

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