

# **Antiochian Orthodox Christian Archdiocese**

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of North America

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## ***Antiochian Orthodox Christian Archdiocese Supplemental Life Insurance Program***

Underwritten By:



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### ***Employee Supplemental Life Insurance      Policy #GL137811***

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**Benefit Schedule** – Employees have the option to purchase additional life insurance coverage. You will be direct billed by GDC Financial Group Inc. You can select from \$10,000 to \$500,000, in \$10,000 increments.

#### **Guaranteed Issue Maximum & Open Enrollment Guideline\***

1. **New Employee** Guaranteed Issue Maximum - \$150,000. Amounts over the Guaranteed Issue Maximum will require you to complete Evidence of Insurability Form, which is included in this packet. If you choose to enroll after 31 days from your date of hire you will be considered a late entrant (see#3).
2. **Current Participants** do have the opportunity to increase their coverage. If you choose not to increase your coverage, your existing amount will remain inforce. Current Participants can increase their coverage by \$50,000 without providing Evidence of Insurability. If the increase in your election crosses over the Guaranteed Issue maximum of \$150,000, then Evidence of Insurability would be required. Employees that have existing coverage amounts of up to \$150,000, can increase their coverage to a maximum of \$500,000, but all amounts applied for will be subject to Evidence of Insurability.
3. **Late Entrants** or employees, whom previously waived coverage, can now choose to participate, but all amounts applied for over \$20,000 would be subject to Evidence of Insurability.

\*Please note that amounts applied for over the Guaranteed Issue Maximum and under the guidelines set forth, will not become effective until underwritten and approved by Aetna.

\*\* Retirees are excluded from increasing coverage or participating as a late entrant.

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## **of North America**

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### ***Dependent Spouse Life Insurance      Policy #GL137811***

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**Benefit Schedule** – Employees have the option to purchase additional life insurance on their spouse, from \$5,000 to \$100,000, in \$5,000 increments.

**Guarantee Issue Maximum & Open Enrollment Guideline\***

1. **New Employees** Spouse' Guaranteed Issue Maximum - \$25,000. Amounts over the Guaranteed Issue Maximum will require your spouse to complete an Evidence of Insurability Form, which is included in this packet. If you choose to enroll after 31 days from your date of hire you will be considered a late entrant (see#3).
2. **Current Participants** do have the opportunity to increase their coverage on their spouse. If you choose not to increase coverage on your spouse, the existing amount will remain inforce. Current Participants can increase the coverage on their spouse by \$5,000 without providing Evidence of Insurability. Any increases in election over \$5,000 will require Evidence of Insurability. Employees that have existing coverage on their spouse can increase their coverage to a maximum of \$100,000.
3. **Late Entrants** or employees, whom previously waived coverage on their spouse, can now choose to participate, but all amounts applied for over \$5,000 would be subject to Evidence of Insurability.

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### ***Dependent Child Life Insurance      Policy #GL137811***

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Employees have the option to purchase additional life insurance on their child(ren) from \$1,000 to \$10,000, in \$1,000 increments. The child(ren) benefits are based upon age;

From Birth but less than 6 months \$500 benefit,

6 months to age 19 (26 if full time student): amount elected from \$1,000 to \$10,000.

**Guaranteed Issue Maximum** – not applicable.



# Antiochian Orthodox Christian Archdiocese of North America

## **Dependent Spouse Life Insurance Policy #GL137811**

If you elect the Supplemental Life plan on yourself, you may elect to purchase additional life insurance on your spouse, from \$5,000 to \$25,000, in \$5,000 increments.

I elect to **enroll** my Spouse in the Supplemental Life plan at the monthly cost below.

\_\_\_\_\_ ÷ \$1,000 = \_\_\_\_\_ x \$1.38 = \_\_\_\_\_ \$  
Amount Elected Monthly Rate per \$1,000 Your monthly cost

I elect to **decline** the Supplemental Life plan for my Spouse.

\*Note: Benefit Reductions may apply as your age increases, please refer to your benefit booklet for further details.

## **Dependent Child Life Insurance Policy #GL137811**

If you elect the Supplemental Life plan on yourself, you may elect Supplemental Life coverage for your Dependent Child(ren). You have the option to purchase additional life insurance on your child(ren) from \$1,000 to \$10,000, in \$1,000 increments. The child(ren) benefits are based upon age; from birth but less than 6 months \$500 benefit, 6 months to age 19 (26 if full time student): amount elected from \$1,000 to \$10,000.

I elect to **enroll** my Dependent Child(ren) in the Supplemental Life plan at the Monthly cost below.

\_\_\_\_\_ ÷ \$1,000 = \_\_\_\_\_ x \$1.30 = \_\_\_\_\_ \$  
Amount Elected Monthly Rate Per \$1,000 Your monthly cost

I elect to **decline** the Supplemental Life plan for my Dependent Child(ren).

### **To enroll or increase your coverage in the Supplemental Life Plan.....**

Please complete this **Enrollment Form**, and simply sign the enrollment form. Be sure to fill out the beneficiary information. This enrollment card will supercede any other prior beneficiary card and / or enrollment form on file with Human Resources.

### **To decline.....**

On the enrollment form be sure to check the boxes where you have declined coverage, and sign the Aetna enrollment form under the declination of coverage.

### **Do you need to submit medical evidence.....???**

If the amounts you have applied for require an Evidence of Insurability Form, please fill out the form attached to this packet, and submit this to your Human Resource office. See the preceding enrollment informational pages, which will indicate whether or not you need to submit an evidence of insurability form.

**The effective date of all elections up to the Guaranteed Issue Amount(s) will be January 1, 2007. Please note that amounts applied for over the guaranteed issue maximum and the guidelines set forth, will not become effective until underwritten and approved by Aetna.**

In all instances of discrepancy pertaining to this informational handout, the contract on file with Human Resources will govern.