



Greek Orthodox Archdiocese Supplemental Life Insurance Program

& Voluntary Accidental Death & Dismemberment

Underwritten By:
FIRST RELIANCE STANDARD
Life Insurance Company

Employee Supplemental Life Insurance Policy #GL137811

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 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 in force. 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 First Reliance Standard Life Insurance Company.

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



Dependent Spouse Life Insurance Policy #GL137811

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 in force. 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.

Dependent Child Life Insurance Policy #GL137811

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.



Supplemental Life and Voluntary AD&D Enrollment Form

Underwritten By:

FIRST RELIANCE STANDARD
Life Insurance Company

Name: _____ Social Security#: _____
 Title: _____ Date of Birth: _____
 Date of Hire: _____ Effective Date: _____
 Organization: _____

Employee Supplemental Life Insurance Policy #GL137811

You have the opportunity to enroll in a Supplemental Life Insurance plan. You may elect an amount from \$10,000 to \$500,000, in \$10,000 increments. Please refer to the preceding pages to see if you are required to provide evidence of good health that is satisfactory to Reliance Standard Life Insurance Company before the excess you are applying for can become effective. You **must complete the beneficiary Designation section below.**

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.054	\$0.059	\$0.066	\$0.092	\$0.157	\$0.279	\$0.450	\$0.550	\$0.850	\$2.62	\$2.62

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

$$\frac{\text{Amount Elected}}{\$1,000} = \text{_____} \times \text{Rate Above} = \$ \text{Your monthly cost}$$

I elect to **decline** the Supplemental Life plan.

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

***New Offering!* Voluntary Accidental Death & Dismemberment**

You have the opportunity to enroll in a Voluntary AD&D Insurance Plan. You may elect an amount from \$10,000 to \$500,000 in increments of \$10,000. This benefit would be paid in **addition** to any Life Insurance in the event you should die due to an accident. Use the calculation table below to determine your monthly cost for this coverage.

I elect to **enroll** in the Voluntary AD&D plan at the monthly cost below.*

$$\frac{\text{Amount Elected}}{\$1,000} = \text{_____} \times \text{Monthly Rate per } \$1,000 \text{ (} \mathbf{\$.025} \text{)} = \$ \text{Your monthly cost}$$

I elect to **decline** the Voluntary AD&D.



Beneficiary Designation Required

Please designate your beneficiary(ies) on the lines below.

Primary Beneficiary(ies) Full Names & Social Security # Relationship % of proceeds
(must equal 100% if more than one beneficiary)

Contingent Beneficiary(ies) Full Names & Social Security # Relationship % of proceeds
(must equal 100% if more than one beneficiary)

The above beneficiary(ies) designation apply for the following coverage(s): Basic Life Insurance*, Supplemental Life Insurance* and Voluntary Accidental Death & Dismemberment Insurance.*

*Underwritten By First Reliance Standard Life Insurance Company.

FRAUD WARNING (NOT APPLICABLE TO LIFE INSURANCE): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I authorize my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. I understand that if I have declined to purchase coverage and decide to do so at a later date: 1) I will be required to furnish evidence of insurability for myself and any dependents at my own expense; and 2) First Reliance Standard Life Insurance Company will have the right to refuse my request. This signature is also to verify (1) the accuracy of the information contained on this form; and the beneficiary(ies) I have designated.

Employee Signature

Date

This benefit summary and enrollment form outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described here. If there are any discrepancies between this benefit summary and enrollment form and the group insurance policy, the policy on file at Human Resources will govern. The provisions are explained in basic terms, and may be subject to some state restrictions.