



Standard Insurance Company
Additional Life and AD&D Coverage Highlights
Public Risk Management of Florida

Additional Life and Accidental Death and Dismemberment (AD&D) 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. AD&D insurance can provide you and your family with extra protection in the event of death or dismemberment as a result of a covered accident. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through Public Risk Management of Florida.

Eligibility Requirements

- | | |
|------------------------------------|--|
| Group Policy Effective Date | <ul style="list-style-type: none">• October 1, 2018 |
| Employee | <ul style="list-style-type: none">• You must be insured for Basic Life through The Standard• You must be an active employee of the Employer working at least the minimum number of hours per week required by your Employer for insurance under the Group Policy• Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible• You cannot be insured as both an employee and a dependent |
| Dependent | <ul style="list-style-type: none">• You must elect Additional Life insurance for yourself in order to elect Dependents Life insurance• Spouse means a person to whom you are legally married• Child means your child from live birth through the last day of the calendar year in which the child reaches age 26• Your child cannot be insured by more than one employee• Your spouse or children must not be full-time member(s) of the armed forces |
| Premium | <ul style="list-style-type: none">• You pay 100 percent of the premium for this coverage through easy payroll deduction |

Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Additional 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 | \$300,000* |
| Spouse | \$5,000 | \$5,000 | \$50,000 | \$150,000 |
| Child | \$10,000 | | | |

*but not to exceed 5 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.
- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- During the enrollment period prior to the Group Policy Effective Date, medical underwriting approval is waived for amounts up to the Guarantee Issue Amount for you and/or your spouse if you apply during that enrollment period.
- The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage.
- The coverage amount for your child(ren) cannot exceed 50 percent of your Additional Life coverage.

Coverage Amount Needed

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional 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, serve an eligibility waiting period, 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 and AD&D Age Reductions

Under this plan, your coverage amount reduces by your age as follows: by 35 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75.

Your spouse's coverage amount reduces by your age as follows: by 35 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75.

If you are age 65 or over, ask your human resources representative for the amount of coverage available.

Life Insurance Exclusions

This plan contains 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.

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 Basic and Additional Life insurance may continue without premium payment until Social Security Normal Retirement Age provided you give us satisfactory proof that you remain totally disabled. Waiver of Premium does not apply to AD&D insurance. |
| Accelerated Benefit | If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000. |
| Portability | If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. |
| Conversion | If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health. |

Additional AD&D Insurance Benefit Schedule

The amount of the Additional AD&D benefit for loss of your, or your spouse's, life is equal to the amount payable for your Additional Life or your Dependents Life benefit on the date of the accident. The amount of the Additional AD&D benefit for other covered losses is a percentage of the amount payable for the Additional AD&D benefit on the date of the accident as shown below.

| Loss: | Percentage Payable: |
|---|----------------------------|
| Loss of Life | 100% |
| One hand or one foot ¹ | 50% |
| Sight in one eye, speech, or hearing in both ears | 50% |
| Two or more of the losses listed above | 100% |

¹ This benefit is not payable if an Additional AD&D benefit is payable for the loss of the entire hand.

The loss must be caused solely and directly by an accident and occurs 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 The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Additional AD&D Insurance Exclusions

AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft, unless you are a fare paying passenger on a commercial aircraft

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 date your employment terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- 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
- For Additional AD&D insurance for you, the date your Additional life insurance ends

In addition to the above requirements, your Dependents Life with AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

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

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. 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 Additional Life with AD&D 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 October 1) | Rate* (Per \$1,000 of Total Coverage) |
|-------------------------------------|---|
| <25 | \$0.08 |
| 25-29 | \$0.08 |
| 30-34 | \$0.11 |
| 35-39 | \$0.15 |
| 40-44 | \$0.18 |
| 45-49 | \$0.29 |
| 50-54 | \$0.48 |
| 55-59 | \$0.84 |
| 60-64 | \$1.11 |
| 65-69 | \$2.00 |
| 70-74 | \$3.30 |
| 75-79 | 12.88 |
| 80+ | 12.88 |

To calculate your premium:

1. Amount Elected: Write this amount on the Voluntary Life with AD&D requested amount line on your Enrollment and Change Form.

Line 1: _____

2. Line 1 divided by \$1,000 = 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: _____

* Monthly AD&D rate of \$0.03 per \$1,000 of AD&D benefit has been included in each of the above rates.

Monthly Premiums

| Coverage Amount | Employee's Age as of October 1 | | | | | | | | | | |
|--------------------|--------------------------------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|
| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69* | 70-74* |
| \$10,000 | 0.80 | 0.80 | 1.10 | 1.50 | 1.80 | 2.90 | 4.80 | 8.40 | 11.10 | 13.00 | 16.50 |
| \$20,000 | 1.60 | 1.60 | 2.20 | 3.00 | 3.60 | 5.80 | 9.60 | 16.80 | 22.20 | 26.00 | 33.00 |
| \$30,000 | 2.40 | 2.40 | 3.30 | 4.50 | 5.40 | 8.70 | 14.40 | 25.20 | 33.30 | 39.00 | 49.50 |
| \$40,000 | 3.20 | 3.20 | 4.40 | 6.00 | 7.20 | 11.60 | 19.20 | 33.60 | 44.40 | 52.00 | 66.00 |
| \$50,000 | 4.00 | 4.00 | 5.50 | 7.50 | 9.00 | 14.50 | 24.00 | 42.00 | 55.50 | 65.00 | 82.50 |
| \$60,000 | 4.80 | 4.80 | 6.60 | 9.00 | 10.80 | 17.40 | 28.80 | 50.40 | 66.60 | 78.00 | 99.00 |
| \$70,000 | 5.60 | 5.60 | 7.70 | 10.50 | 12.60 | 20.30 | 33.60 | 58.80 | 77.70 | 91.00 | 115.50 |
| \$80,000 | 6.40 | 6.40 | 8.80 | 12.00 | 14.40 | 23.20 | 38.40 | 67.20 | 88.80 | 104.00 | 132.00 |
| \$90,000 | 7.20 | 7.20 | 9.90 | 13.50 | 16.20 | 26.10 | 43.20 | 75.60 | 99.90 | 117.00 | 148.50 |
| \$100,000 | 8.00 | 8.00 | 11.00 | 15.00 | 18.00 | 29.00 | 48.00 | 84.00 | 111.00 | 130.00 | 165.00 |
| \$110,000 | 8.80 | 8.80 | 12.10 | 16.50 | 19.80 | 31.90 | 52.80 | 92.40 | 122.10 | 143.00 | 181.50 |
| \$120,000 | 9.60 | 9.60 | 13.20 | 18.00 | 21.60 | 34.80 | 57.60 | 100.80 | 133.20 | 156.00 | 198.00 |
| \$130,000 | 10.40 | 10.40 | 14.30 | 19.50 | 23.40 | 37.70 | 62.40 | 109.20 | 144.30 | 169.00 | 214.50 |
| \$140,000 | 11.20 | 11.20 | 15.40 | 21.00 | 25.20 | 40.60 | 67.20 | 117.60 | 155.40 | 182.00 | 231.00 |
| \$150,000 | 12.00 | 12.00 | 16.50 | 22.50 | 27.00 | 43.50 | 72.00 | 126.00 | 166.50 | 195.00 | 247.50 |
| \$160,000 | 12.80 | 12.80 | 17.60 | 24.00 | 28.80 | 46.40 | 76.80 | 134.40 | 177.60 | 208.00 | 264.00 |
| \$170,000 | 13.60 | 13.60 | 18.70 | 25.50 | 30.60 | 49.30 | 81.60 | 142.80 | 188.70 | 221.00 | 280.50 |
| \$180,000 | 14.40 | 14.40 | 19.80 | 27.00 | 32.40 | 52.20 | 86.40 | 151.20 | 199.80 | 234.00 | 297.00 |
| \$190,000 | 15.20 | 15.20 | 20.90 | 28.50 | 34.20 | 55.10 | 91.20 | 159.60 | 210.90 | 247.00 | 313.50 |
| \$200,000 | 16.00 | 16.00 | 22.00 | 30.00 | 36.00 | 58.00 | 96.00 | 168.00 | 222.00 | 260.00 | 330.00 |
| \$210,000 | 16.80 | 16.80 | 23.10 | 31.50 | 37.80 | 60.90 | 100.80 | 176.40 | 233.10 | 273.00 | 346.50 |
| \$220,000 | 17.60 | 17.60 | 24.20 | 33.00 | 39.60 | 63.80 | 105.60 | 184.80 | 244.20 | 286.00 | 363.00 |
| \$230,000 | 18.40 | 18.40 | 25.30 | 34.50 | 41.40 | 66.70 | 110.40 | 193.20 | 255.30 | 299.00 | 379.50 |
| \$240,000 | 19.20 | 19.20 | 26.40 | 36.00 | 43.20 | 69.60 | 115.20 | 201.60 | 266.40 | 312.00 | 396.00 |
| \$250,000 | 20.00 | 20.00 | 27.50 | 37.50 | 45.00 | 72.50 | 120.00 | 210.00 | 277.50 | 325.00 | 412.50 |
| \$260,000 | 20.80 | 20.80 | 28.60 | 39.00 | 46.80 | 75.40 | 124.80 | 218.40 | 288.60 | 338.00 | 429.00 |
| \$270,000 | 21.60 | 21.60 | 29.70 | 40.50 | 48.60 | 78.30 | 129.60 | 226.80 | 299.70 | 351.00 | 445.50 |
| \$280,000 | 22.40 | 22.40 | 30.80 | 42.00 | 50.40 | 81.20 | 134.40 | 235.20 | 310.80 | 364.00 | 462.00 |
| \$290,000 | 23.20 | 23.20 | 31.90 | 43.50 | 52.20 | 84.10 | 139.20 | 243.60 | 321.90 | 377.00 | 478.50 |
| \$300,000 | 24.00 | 24.00 | 33.00 | 45.00 | 54.00 | 87.00 | 144.00 | 252.00 | 333.00 | 390.00 | 495.00 |

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Monthly Premiums (continued)

| Coverage | Employee's Age as of October 1 | |
|-----------|--------------------------------|----------|
| Amount | 75-79* | 80+* |
| \$10,000 | 45.08 | 45.08 |
| \$20,000 | 90.16 | 90.16 |
| \$30,000 | 135.24 | 135.24 |
| \$40,000 | 180.32 | 180.32 |
| \$50,000 | 225.40 | 225.40 |
| \$60,000 | 270.48 | 270.48 |
| \$70,000 | 315.56 | 315.56 |
| \$80,000 | 360.64 | 360.64 |
| \$90,000 | 405.72 | 405.72 |
| \$100,000 | 450.80 | 450.80 |
| \$110,000 | 495.88 | 495.88 |
| \$120,000 | 540.96 | 540.96 |
| \$130,000 | 586.04 | 586.04 |
| \$140,000 | 631.12 | 631.12 |
| \$150,000 | 676.20 | 676.20 |
| \$160,000 | 721.28 | 721.28 |
| \$170,000 | 766.36 | 766.36 |
| \$180,000 | 811.44 | 811.44 |
| \$190,000 | 856.52 | 856.52 |
| \$200,000 | 901.60 | 901.60 |
| \$210,000 | 946.68 | 946.68 |
| \$220,000 | 991.76 | 991.76 |
| \$230,000 | 1,036.84 | 1,036.84 |
| \$240,000 | 1,081.92 | 1,081.92 |
| \$250,000 | 1,127.00 | 1,127.00 |
| \$260,000 | 1,172.08 | 1,172.08 |
| \$270,000 | 1,217.16 | 1,217.16 |
| \$280,000 | 1,262.24 | 1,262.24 |
| \$290,000 | 1,307.32 | 1,307.32 |
| \$300,000 | 1,352.40 | 1,352.40 |

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Rates

If you elect Dependents Life with AD&D 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.

| Employee's Age (as of October 1) | Rate* (Per \$1,000 of Total Coverage) |
|-------------------------------------|---|
| <25 | \$0.08 |
| 25-29 | \$0.08 |
| 30-34 | \$0.11 |
| 35-39 | \$0.15 |
| 40-44 | \$0.18 |
| 45-49 | \$0.29 |
| 50-54 | \$0.48 |
| 55-59 | \$0.84 |
| 60-64 | \$1.11 |
| 65-69 | \$2.00 |
| 70-74 | \$3.30 |
| 75-79 | \$12.88 |
| 80+ | \$12.88 |

To calculate your premium:

1. Amount Elected: Write this amount on the Voluntary Life with AD&D requested amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = 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: _____

* Monthly AD&D rate of \$0.03 per \$1,000 of AD&D benefit has been included in each of the above rates.

Monthly Premiums

| Coverage Amount | Employee's Age as of October 1 | | | | | | | | | | |
|--------------------|--------------------------------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|
| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69* | 70-74* |
| \$5,000 | 0.40 | 0.40 | 0.55 | 0.75 | 0.90 | 1.45 | 2.40 | 4.20 | 5.55 | 6.50 | 8.25 |
| \$10,000 | 0.80 | 0.80 | 1.10 | 1.50 | 1.80 | 2.90 | 4.80 | 8.40 | 11.10 | 13.00 | 16.50 |
| \$15,000 | 1.20 | 1.20 | 1.65 | 2.25 | 2.70 | 4.35 | 7.20 | 12.60 | 16.65 | 19.50 | 24.75 |
| \$20,000 | 1.60 | 1.60 | 2.20 | 3.00 | 3.60 | 5.80 | 9.60 | 16.80 | 22.20 | 26.00 | 33.00 |
| \$25,000 | 2.00 | 2.00 | 2.75 | 3.75 | 4.50 | 7.25 | 12.00 | 21.00 | 27.75 | 32.50 | 41.25 |
| \$30,000 | 2.40 | 2.40 | 3.30 | 4.50 | 5.40 | 8.70 | 14.40 | 25.20 | 33.30 | 39.00 | 49.50 |
| \$35,000 | 2.80 | 2.80 | 3.85 | 5.25 | 6.30 | 10.15 | 16.80 | 29.40 | 38.85 | 45.50 | 57.75 |
| \$40,000 | 3.20 | 3.20 | 4.40 | 6.00 | 7.20 | 11.60 | 19.20 | 33.60 | 44.40 | 52.00 | 66.00 |
| \$45,000 | 3.60 | 3.60 | 4.95 | 6.75 | 8.10 | 13.05 | 21.60 | 37.80 | 49.95 | 58.50 | 74.25 |
| \$50,000 | 4.00 | 4.00 | 5.50 | 7.50 | 9.00 | 14.50 | 24.00 | 42.00 | 55.50 | 65.00 | 82.50 |
| \$55,000 | 4.40 | 4.40 | 6.05 | 8.25 | 9.90 | 15.95 | 26.40 | 46.20 | 61.05 | 71.50 | 90.75 |
| \$60,000 | 4.80 | 4.80 | 6.60 | 9.00 | 10.80 | 17.40 | 28.80 | 50.40 | 66.60 | 78.00 | 99.00 |
| \$65,000 | 5.20 | 5.20 | 7.15 | 9.75 | 11.70 | 18.85 | 31.20 | 54.60 | 72.15 | 84.50 | 107.25 |
| \$70,000 | 5.60 | 5.60 | 7.70 | 10.50 | 12.60 | 20.30 | 33.60 | 58.80 | 77.70 | 91.00 | 115.50 |
| \$75,000 | 6.00 | 6.00 | 8.25 | 11.25 | 13.50 | 21.75 | 36.00 | 63.00 | 83.25 | 97.50 | 123.75 |
| \$80,000 | 6.40 | 6.40 | 8.80 | 12.00 | 14.40 | 23.20 | 38.40 | 67.20 | 88.80 | 104.00 | 132.00 |
| \$85,000 | 6.80 | 6.80 | 9.35 | 12.75 | 15.30 | 24.65 | 40.80 | 71.40 | 94.35 | 110.50 | 140.25 |
| \$90,000 | 7.20 | 7.20 | 9.90 | 13.50 | 16.20 | 26.10 | 43.20 | 75.60 | 99.90 | 117.00 | 148.50 |
| \$95,000 | 7.60 | 7.60 | 10.45 | 14.25 | 17.10 | 27.55 | 45.60 | 79.80 | 105.45 | 123.50 | 156.75 |
| \$100,000 | 8.00 | 8.00 | 11.00 | 15.00 | 18.00 | 29.00 | 48.00 | 84.00 | 111.00 | 130.00 | 165.00 |
| \$105,000 | 8.40 | 8.40 | 11.55 | 15.75 | 18.90 | 30.45 | 50.40 | 88.20 | 116.55 | 136.50 | 173.25 |
| \$110,000 | 8.80 | 8.80 | 12.10 | 16.50 | 19.80 | 31.90 | 52.80 | 92.40 | 122.10 | 143.00 | 181.50 |
| \$115,000 | 9.20 | 9.20 | 12.65 | 17.25 | 20.70 | 33.35 | 55.20 | 96.60 | 127.65 | 149.50 | 189.75 |
| \$120,000 | 9.60 | 9.60 | 13.20 | 18.00 | 21.60 | 34.80 | 57.60 | 100.80 | 133.20 | 156.00 | 198.00 |
| \$125,000 | 10.00 | 10.00 | 13.75 | 18.75 | 22.50 | 36.25 | 60.00 | 105.00 | 138.75 | 162.50 | 206.25 |
| \$130,000 | 10.40 | 10.40 | 14.30 | 19.50 | 23.40 | 37.70 | 62.40 | 109.20 | 144.30 | 169.00 | 214.50 |
| \$135,000 | 10.80 | 10.80 | 14.85 | 20.25 | 24.30 | 39.15 | 64.80 | 113.40 | 149.85 | 175.50 | 222.75 |
| \$140,000 | 11.20 | 11.20 | 15.40 | 21.00 | 25.20 | 40.60 | 67.20 | 117.60 | 155.40 | 182.00 | 231.00 |
| \$145,000 | 11.60 | 11.60 | 15.95 | 21.75 | 26.10 | 42.05 | 69.60 | 121.80 | 160.95 | 188.50 | 239.25 |
| \$150,000 | 12.00 | 12.00 | 16.50 | 22.50 | 27.00 | 43.50 | 72.00 | 126.00 | 166.50 | 195.00 | 247.50 |

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Monthly Premiums (Continued)

| Coverage Amount | Employee's Age as of October 1 | |
|--------------------|--------------------------------|--------|
| | 75-79* | 80+* |
| \$5,000 | 22.54 | 22.54 |
| \$10,000 | 45.08 | 45.08 |
| \$15,000 | 67.62 | 67.62 |
| \$20,000 | 90.16 | 90.16 |
| \$25,000 | 112.70 | 112.70 |
| \$30,000 | 135.24 | 135.24 |
| \$35,000 | 157.78 | 157.78 |
| \$40,000 | 180.32 | 180.32 |
| \$45,000 | 202.86 | 202.86 |
| \$50,000 | 225.40 | 225.40 |
| \$55,000 | 247.94 | 247.94 |
| \$60,000 | 270.48 | 270.48 |
| \$65,000 | 293.02 | 293.02 |
| \$70,000 | 315.56 | 315.56 |
| \$75,000 | 338.10 | 338.10 |
| \$80,000 | 360.64 | 360.64 |
| \$85,000 | 383.18 | 383.18 |
| \$90,000 | 405.72 | 405.72 |
| \$95,000 | 428.26 | 428.26 |
| \$100,000 | 450.80 | 450.80 |
| \$105,000 | 473.34 | 473.34 |
| \$110,000 | 495.88 | 495.88 |
| \$115,000 | 518.42 | 518.42 |
| \$120,000 | 540.96 | 540.96 |
| \$125,000 | 563.50 | 563.50 |
| \$130,000 | 586.04 | 586.04 |
| \$135,000 | 608.58 | 608.58 |
| \$140,000 | 631.12 | 631.12 |
| \$145,000 | 653.66 | 653.66 |
| \$150,000 | 676.20 | 676.20 |

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Rates

If you elect Dependents Life insurance for your eligible child(ren), your monthly rate for this coverage is \$2.00 for \$10,000 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

Monthly Premiums

| Coverage Amount | Premium |
|--------------------|---------|
| \$10,000 | 2.00 |



Standard Insurance Company

For more than 100 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 and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.* 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 products from The Standard, Contact your human resources department or visit us at **www.standard.com**.

* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

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