



**CIGNA Group Insurance**  
Life • Accident • Disability

**Bartow County Board of Education  
Voluntary Term Life Schedule of Benefits Summary**

<b>EFFECTIVE DATE</b>	January 1, 2013
<b>ELIGIBILITY</b>	All active, full-time Employees of the Employer regularly working a minimum of 20 hours per week.
<b>VOLUNTARY LIFE BENEFIT</b>	Units of \$10,000
<b>GUARANTEED ISSUE AMOUNT</b>	The Lesser of 5 times annual compensation to a maximum of \$250,000 rounded to the nearest \$1000.
<b>MAXIMUM BENEFIT</b>	The lesser of 5 times annual compensation to a maximum of \$500,000 rounded to the nearest \$1000.
<b>BENEFIT REDUCTION SCHEDULE – BENEFITS REDUCED BY:</b>	65% at age 65, 50% at age 70
<b>VOLUNTARY LIFE INSURANCE WAIVER OF PREMIUM</b>	Must be totally disabled before age 60 6 month waiting period Benefit provided to Social Security Normal Retirement Age. Eligibility for Waiver of Premium continues if the group policy is terminated
<b>VOLUNTARY LIFE INSURANCE TERMINAL ILLNESS</b>	When such employees are diagnosed as terminally ill (having 12 months or less to live), they may withdraw up to 75% not to exceed \$250,000 for Basic and Voluntary Life Coverage. The death benefit will be reduced by the amount taken as a Living Benefit
<b>SUICIDE EXCLUSION</b>	We do not pay death benefits if insured commits suicide during first two years of coverage This two year suicide exclusion also applies to all later increases in coverage.
<b>VOLUNTARY LIFE INSURANCE PORTABILITY</b>	Employees may elect to continue Life Coverage upon termination of employment subject to the provisions of this feature. Inforce amounts do not require medical underwriting. Coverage under this provision will terminate at age 75.
<b>VOLUNTARY LIFE INSURANCE CONVERSION</b>	If you terminate your employment or if you become ineligible for this coverage, you have the option to convert all or part of the amount of Life Insurance in force on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.

**Voluntary Dependent Term Life**

<b>Eligibility</b>	Employees must participate in the voluntary plan for dependents to participate. Spouse's benefit may not exceed 50% of the employee's election.
<b>Spouse Life Benefit</b>	\$5,000 increments to a maximum of \$125,000.
<b>Child Life Benefit</b>	14 Days to 6 months: \$250 6 months to 25 years (if full time student) –\$10,000.
<b>Guaranteed Issue Amount</b>	Spouse: \$25,000 Child: All Guaranteed Issue

This is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you shortly which describes the benefits in greater detail. Should there be differences between this summary and the contract, the contract will govern.

**Coverage Underwritten by Life Insurance Company of North America**