Standard Insurance Company
Life Coverage Highlights
Policyholder: Intergovernmental Personnel Benefit Cooperative
Employer: Lake County Forest Preserves

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 employment with the Employer which is a member of the Intergovernmental Personnel Benefit Cooperative.

The effective date of coverage is January 1, 2022.

Eligibility Requirements

Employee

- You must be an active full-time employee of the Employer working at least 37.5 hours each week
- 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

- Spouse means a person to whom you are legally married or your civil union partner
- Child means your child from live birth to 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

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Your Employer provides, at no cost to you, Basic Life insurance and AD&D insurance. Basic Life insurance pays a benefit in the event of an eligible employee's covered death. AD&D insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

	Minimum	Benefit Amount	Maximum
Basic Life Insurance	$5,000	1x your Annual Earnings	$500,000
AD&D Insurance	For a covered accidental loss of life, your basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.		

If you are age 70 or over, please refer to the Certificate of Insurance for details regarding the age reduction in benefits or contact your human resources representative for the amount of coverage available to you.

Additional Life Insurance

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	$300,000	$500,000*
Spouse	$5,000	$5,000	$50,000	$300,000
Child	$2,500	$2,500	ALL	$10,000

*but not to exceed 5 times your Annual Earnings

Note:

- Employees must be insured for Basic Life through The Standard in order to enroll in Additional Life.
- Employees must be insured for Additional Life in order to elect Dependents Life coverage under the Additional Life insurance.
- The coverage amount for your spouse cannot exceed 100 percent of your combined Basic and Additional Life coverage.
- The coverage amount for your child(ren) cannot exceed 100 percent of your combined Basic and Additional Life coverage.
- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: http://bit.ly/ipbc2amu
- All late applications (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.
- If you are age 70 or over, please refer to the Certificate of Insurance for details regarding the age reduction in benefits or contact your human resources representative for the amount of coverage available to you.
- Employees pay 100 percent of the premium for this coverage through easy payroll deduction.

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 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. This is subject to state variations.

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
- The last day of the calendar month in which you cease to meet the eligibility requirements
- 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.

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 [and Spouse] Rates

If you elect Additional and Spouse Life insurance, your monthly rate for this plan is indicated in the table below. The rates shown are for one coverage only. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of last January 1 or July 1)	Rate (Per $1,000 of Total Coverage)
<25	$0.055
25-29	$0.065
30-34	$0.080
35-39	$0.095
40-44	$0.120
45-49	$0.180
50-54	$0.275
55-59	$0.455
60-64	$0.780
65-69	$1.270
70-74	$2.300
75+	$3.720

To calculate your premium:

1. Amount Elected: Write this amount on the Additional Life* 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: _____

* If you elect Spouse Life insurance you will need to write this amount on the Spouse Life requested amount line on your Enrollment and Change Form.
** If you elect both Additional and Spouse Life insurance you will need to calculate each coverage separately, and combine those amounts to come up with your estimated total cost.

Child Rates

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

Benefit Amount	Rate Per Member Per Month, regardless of the number of children
$2,500	$0.74
$5,000	$1.47
$7,500	$2.21
$10,000	$2.95