

Plan Highlights

Group Voluntary and Dependent Life Insurance



Kansas City Public Schools

ELIGIBILITY

Employees: Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ your legal spouse not legally separated or divorced from you
- ▶ unmarried financially dependent child(ren)*, from 14 days to age 20 (up to age 26 if a full-time student).
*natural and adopted children and stepchildren in your custody.

Age limit does not apply to handicapped children.

- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Voluntary Life:

Choose from a minimum of \$10,000 to a maximum of \$200,000 in \$10,000 increments (not to exceed 5 times Earnings)

Dependent Life

Spouse

Choose from a minimum of \$5,000 to a maximum of \$50,000 in \$5,000 increments
(spouse amount may not exceed 100% of employee amount)

Dependent Child(ren)

Birth to less than 6 months : \$100
6 months through Age 19 : \$10,000
(up to age 26 if a full-time student)

GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee: \$200,000

Spouse: \$50,000

Child: all child amounts are guaranteed issue

BENEFIT REDUCTION DUE TO AGE (applicable to employee/spouse coverage)

Age	Original Benefit	Reduced To
70		50%

FEATURES

- ▶ Waiver of Premium

CONTRIBUTION REQUIREMENTS

Employee:

Coverage is 100% employee paid.

Spouse: Coverage is 100% employee paid.

Dependent Child(ren): Coverage is 100% employee paid.

EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

Reliance Standard Plans Supplemental and Dependent Life Insurance Premium Table

Plan Holder: Kansas City Public Schools

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below. For employees age 70 and older: Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

Employee/Spouse Premiums:

To find you and your spouse's premium -

- § Determine your age band: Your age = your age at your last birthday.
- § Select a benefit amount (employees age 70 and older: see above comment).
- § Spouse premium: Repeat the steps above for your spouse (their age at last birthday).
- § Employee and spouse rates change as insured moves from one age bracket to the next.

Employee Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$10,000	\$0.50	\$0.50	\$0.60	\$0.60	\$1.10	\$1.90	\$2.90	\$4.80	\$5.50	\$9.60	\$9.80	\$27.10
\$20,000	\$1.00	\$1.00	\$1.20	\$1.20	\$2.20	\$3.80	\$5.80	\$9.60	\$11.00	\$19.20	\$19.60	\$54.20
\$30,000	\$1.50	\$1.50	\$1.80	\$1.80	\$3.30	\$5.70	\$8.70	\$14.40	\$16.50	\$28.80	\$29.40	\$81.30
\$40,000	\$2.00	\$2.00	\$2.40	\$2.40	\$4.40	\$7.60	\$11.60	\$19.20	\$22.00	\$38.40	\$39.20	\$108.40
\$50,000	\$2.50	\$2.50	\$3.00	\$3.00	\$5.50	\$9.50	\$14.50	\$24.00	\$27.50	\$48.00	\$49.00	\$135.50
\$60,000	\$3.00	\$3.00	\$3.60	\$3.60	\$6.60	\$11.40	\$17.40	\$28.80	\$33.00	\$57.60	\$58.80	\$162.60
\$70,000	\$3.50	\$3.50	\$4.20	\$4.20	\$7.70	\$13.30	\$20.30	\$33.60	\$38.50	\$67.20	\$68.60	\$189.70
\$80,000	\$4.00	\$4.00	\$4.80	\$4.80	\$8.80	\$15.20	\$23.20	\$38.40	\$44.00	\$76.80	\$78.40	\$216.80
\$90,000	\$4.50	\$4.50	\$5.40	\$5.40	\$9.90	\$17.10	\$26.10	\$43.20	\$49.50	\$86.40	\$88.20	\$243.90
\$100,000	\$5.00	\$5.00	\$6.00	\$6.00	\$11.00	\$19.00	\$29.00	\$48.00	\$55.00	\$96.00	\$98.00	\$271.00
\$110,000	\$5.50	\$5.50	\$6.60	\$6.60	\$12.10	\$20.90	\$31.90	\$52.80	\$60.50	\$105.60	\$107.80	\$298.10
\$120,000	\$6.00	\$6.00	\$7.20	\$7.20	\$13.20	\$22.80	\$34.80	\$57.60	\$66.00	\$115.20	\$117.60	\$325.20
\$130,000	\$6.50	\$6.50	\$7.80	\$7.80	\$14.30	\$24.70	\$37.70	\$62.40	\$71.50	\$124.80	\$127.40	\$352.30
\$140,000	\$7.00	\$7.00	\$8.40	\$8.40	\$15.40	\$26.60	\$40.60	\$67.20	\$77.00	\$134.40	\$137.20	\$379.40
\$150,000	\$7.50	\$7.50	\$9.00	\$9.00	\$16.50	\$28.50	\$43.50	\$72.00	\$82.50	\$144.00	\$147.00	\$406.50
\$160,000	\$8.00	\$8.00	\$9.60	\$9.60	\$17.60	\$30.40	\$46.40	\$76.80	\$88.00	\$153.60	\$156.80	\$433.60
\$170,000	\$8.50	\$8.50	\$10.20	\$10.20	\$18.70	\$32.30	\$49.30	\$81.60	\$93.50	\$163.20	\$166.60	\$460.70
\$180,000	\$9.00	\$9.00	\$10.80	\$10.80	\$19.80	\$34.20	\$52.20	\$86.40	\$99.00	\$172.80	\$176.40	\$487.80
\$190,000	\$9.50	\$9.50	\$11.40	\$11.40	\$20.90	\$36.10	\$55.10	\$91.20	\$104.50	\$182.40	\$186.20	\$514.90
\$200,000	\$10.00	\$10.00	\$12.00	\$12.00	\$22.00	\$38.00	\$58.00	\$96.00	\$110.00	\$192.00	\$196.00	\$542.00

Spouse Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$5,000	\$0.25	\$0.25	\$0.30	\$0.30	\$0.55	\$0.95	\$1.45	\$2.40	\$2.75	\$4.80	\$4.90	\$13.55
\$10,000	\$0.50	\$0.50	\$0.60	\$0.60	\$1.10	\$1.90	\$2.90	\$4.80	\$5.50	\$9.60	\$9.80	\$27.10
\$15,000	\$0.75	\$0.75	\$0.90	\$0.90	\$1.65	\$2.85	\$4.35	\$7.20	\$8.25	\$14.40	\$14.70	\$40.65
\$20,000	\$1.00	\$1.00	\$1.20	\$1.20	\$2.20	\$3.80	\$5.80	\$9.60	\$11.00	\$19.20	\$19.60	\$54.20
\$25,000	\$1.25	\$1.25	\$1.50	\$1.50	\$2.75	\$4.75	\$7.25	\$12.00	\$13.75	\$24.00	\$24.50	\$67.75
\$30,000	\$1.50	\$1.50	\$1.80	\$1.80	\$3.30	\$5.70	\$8.70	\$14.40	\$16.50	\$28.80	\$29.40	\$81.30
\$35,000	\$1.75	\$1.75	\$2.10	\$2.10	\$3.85	\$6.65	\$10.15	\$16.80	\$19.25	\$33.60	\$34.30	\$94.85
\$40,000	\$2.00	\$2.00	\$2.40	\$2.40	\$4.40	\$7.60	\$11.60	\$19.20	\$22.00	\$38.40	\$39.20	\$108.40
\$45,000	\$2.25	\$2.25	\$2.70	\$2.70	\$4.95	\$8.55	\$13.05	\$21.60	\$24.75	\$43.20	\$44.10	\$121.95
\$50,000	\$2.50	\$2.50	\$3.00	\$3.00	\$5.50	\$9.50	\$14.50	\$24.00	\$27.50	\$48.00	\$49.00	\$135.50

Dependent Children Premiums:

Benefit Amount	Premium
\$10,000	\$0.70

(One rate and benefit amount for all eligible children in family, regardless of number)

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Children Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- § You may not have coverage as both an employee and as a dependent.
- § Only one insured spouse may cover the eligible dependent children.

Rates are subject to change.