

# City of Tampa Supplemental Term Life Insurance Benefits at a Glance

Convenient, affordable life insurance, offering financial protection for your loved ones.

City of Tampa provides you with Basic Life and Accidental Death & Dismemberment Insurance (AD&D) coverage at 1 times your annual salary to a maximum of \$150,000. Eligible employees may also apply for additional coverage in the Supplemental Group Term Life Insurance program.

Your Life and AD&D Insurance Benefits Includes			
<b>Convenient Payroll Deductions</b>	<i>(Applicable for Supplemental Life Only)</i> Since deductions are taken directly from your paycheck, you never have to worry about late payments of lapse notices.		
<b>“Take it with you”</b>	<i>(Applicable for Supplemental Life Only)</i> The portability options allows for continued coverage that can help protect your family even when your current employment ends.		
<b>Waiver of Premium</b>	If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.		
<b>Accelerated Benefits</b>	You may collect a portion of your death benefit (typically 50%) while you are living, if you are diagnosed with a terminal condition with a limited life expectancy under twelve months (may vary by state).		
Please refer to the back of this page to determine your cost for the available Supplemental Term Life Insurance options.			
Portable Supplemental Term Life Insurance Coverage Options			
	For You	For Your Spouse	For Your Child(ren)
<b>Eligibility</b>	All active employees working 30+ hours per week.	If you are covered for Employee Basic Life Insurance, you may elect coverage even if you do not elect Supplemental Life Coverage on yourself.	If you or your spouse is covered for Supplemental Term Life Insurance, you may elect coverage.
<b>Coverage Options</b>	\$10,000 to \$500,000 in \$10,000 increments.	\$10,000 to \$500,000 in \$10,000 increments.	\$5,000 or \$10,000 on your children over 14 days but less than 19 years of age, and full-time students less than 25 years of age.
<b>Guaranteed Issued Offer*</b>	<b>New Hire:</b> You can elect up to \$150,000 of coverage without providing proof of good health during the initial eligibility period.	<b>New Hire:</b> You can elect up to \$50,000 of coverage without providing proof of good health during the initial eligibility period.	You can elect coverage without providing proof of good health during the initial eligibility period and annual enrollment period.
<b>Age Reduction(s)</b>	Benefit amount reduces to 65% of original coverage at age 70 and to 45% of original coverage at age 75. If the policy is continued at the time of separation of employment, coverage terminates on the policy anniversary, on or following employee 70th birthday.	The coverage terminates on the policy anniversary, on or following the spouse’s 70th birthday.	Not Applicable

ReliaStar Life Insurance Company, a member of the Voya® family of companies

Please contact your employer if you have questions about the definition of “child” for your plan.

\*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, or you submit an application for coverage more than 31 days after the date you become eligible. Subject to approval by the insurance company.

### Insurance Rate Information and Premium Calculator

The cost is calculated based on the age of the employee at the start of the plan’s current policy year.

#### Employee and Spouse Supplemental Life Insurance Rates

Age	Monthly Rate per \$1,000 of Coverage
Under 30	\$0.08
30-34	\$0.10
35-39	\$0.13
40-44	\$0.23
45-49	\$0.39
50-54	\$0.64
55-59	\$1.00
60-64	\$1.56
64-69	\$2.80
70 and over	\$5.02

#### Dependent Children Life Insurance Rates

Coverage Levels	Monthly Cost
\$5,000 each child	\$1.25
\$10,000 each child	\$2.50

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect

Supplemental Term Life Insurance	For You	For Your Spouse	For Your Child(ren)
<b>Step 1:</b> Select the amount of insurance you want	\$	\$	\$
<b>Step 2:</b> Divide this number by \$1,000	\$	\$	N/A
<b>Step 3:</b> Enter the rate from the table(s) above	\$	\$	(C)
			\$
<b>Step 4:</b> Multiply Step #2 by Step #3	(A)	(B)	N/A
	\$	\$	
<b>Step 5:</b> Add (A), (B), and (C) for the Total Monthly Premium	\$		

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance and services are provided by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Policy form LP00GP (may vary by state).

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