



Assurant. On your terms. SM

ASSURANT
Employee
Benefits[®]



Your
benefit
plan ...

choices for your life

Lake Zurich School District #95
Certified and Administrative

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This booklet provides a general overview. All insurance policies and products contain limitations, exclusions, restrictions, and may contain reductions and terms under which the policy or plan may be continued in force or discontinued. We reserve the right to cancel the policy or plan with advance written notice to the policyholder or group. Issued insurance contracts and agreements determine all plan features and benefits. Products are subject to state variations and availability. For costs and complete details, contact Assurant Employee Benefits.

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.



Benefit Summary

What can these benefits do for me?

The products in this benefit plan were selected with you and your family's well-being in mind. They're an important part of your compensation package. Please take the time to review the benefits carefully to be sure you select the ones that best fit your needs.

The products listed below are offered through Assurant Employee Benefits, one of the largest marketers of employee benefits in the United States. These products are backed by financial strength and stability you can count on. Assurant Employee Benefits is a part of Assurant Inc., a Fortune 500 company and a member of the S&P 500 Index.

You can learn more about these benefits and how to choose the coverage that's right for you on the following pages. Because these products are offered through your employer, premium rates may be more competitive than similar products you could buy as an individual.



What benefits are available to me?

- **Life insurance** to protect your family, in case something happens to you.
- **Accidental Death and Dismemberment insurance.**

How do I enroll?

1. Review the information in this booklet to see which benefits suit your needs.
2. Attend your benefits enrollment meeting.
3. Complete your enrollment form.
4. Sign and give your form to program administrator.

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Choosing to protect your family

Life Insurance

If something unexpected happens, how can I be sure my family will be all right?

No one wants to think about it. But an unexpected death can have devastating financial consequences for survivors – consequences that can linger long after the initial shock and grief. Adequate life insurance can help your family manage expenses and make a very difficult transition less painful.

How do I know if I'm eligible to participate in this plan?

You're eligible to buy Life insurance through this plan if you are a full-time employee of the policyholder or an associated company. Full-time employment means you are working 30.0 hours or more per week. Temporary or seasonal workers are not eligible.

How much coverage can I buy?

You can purchase up to 5 times your basic annual pay, in units of \$10,000, to a maximum of \$500,000; \$20,000 is the minimum you can purchase. You also can purchase coverage for your spouse and children (see "Can I buy coverage for my family?").

You can effectively double your protection by purchasing an equal amount of Accidental Death and Dismemberment (AD&D) coverage.

What is AD&D?

AD&D pays an amount equal to your Life benefit if you die as a direct result of an accident. In addition, your AD&D coverage includes:

- A Higher Education Benefit that pays an additional \$3,000 per year for up to four consecutive years for eligible dependent students. (Applies to Employee AD&D Only.)
- An Automobile Accident Benefit that pays an additional 20% of the AD&D benefit, to a maximum of \$100,000 should you or your covered dependent die as a result of a car accident while wearing a seatbelt.
- An Accidental Dismemberment benefit that pays 50% of the AD&D coverage for the loss of one hand, one foot or the sight of one eye; and 100% for the loss of two or more of the above.



Key Advantages of This Plan

- This plan is offered through your employer, so premium rates may be more competitive than similar products you could buy as an individual.
- Your premiums are paid through a convenient payroll deduction.
- If you enroll within 31 days of becoming eligible, you can purchase coverage without providing proof of good health, up to the Guarantee Issue amount.

Life Q&A

Q. Do I have to answer health questions to enroll for this coverage?

- A. You can enroll for amounts up to **\$180,000** for yourself, up to **\$50,000** for your spouse, and up to **\$10,000** for each child **without answering health questions**. These amounts are known as Guarantee Issue and are only available if you sign up within 31 days of becoming eligible for coverage. To enroll for more coverage than the amounts shown above, you'll need to answer a simple health statement.

Q. What happens if I become disabled?

- A. If you become disabled prior to age 60 while insured for Voluntary Life and remain continuously disabled as defined in the policy for the qualifying period, your coverage, including any dependent coverage will continue without further premium payment until age 65, recovery or retirement, whichever is earliest. Any time Life insurance is continued under this disability benefit, AD&D insurance also will be continued (and the premium waived) for up to 1 year from the date of disability. For disabilities beginning between age 60 and 65, the insurance can be continued (and premium waived) for up to one year, but not past the earlier of age 65 or the date you retire.

Q. Can I access my Life insurance benefit if I'm terminally ill?

- A. Yes. The Accelerated Benefit lets you request payment for up to 80% of your or your spouse's Voluntary Life benefit in the event of a life-threatening medical condition where there is a life expectancy of 12 months or less.

Q. Can I take my insurance with me if I leave my employer?

- A. Yes. You have two options. **Portability** allows you to continue this group life coverage for up to 3 years after terminating current employment. **Conversion** allows you to convert to an individual policy if any or all of your Life insurance ends while you are insured under our group Life policy.

Q. When will my coverage become effective?

- A. Your coverage becomes effective on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will begin on the day you return to full-time duties.

Dependent coverage will become effective according to the policy entry date unless your dependent is in a hospital or similar facility on that day or if your dependent spouse is disabled on that day.

How do I estimate my premium?

You can choose employee coverage in \$10,000 units, from a minimum of \$20,000 up to 5 times your basic annual pay, but not more than \$500,000.

To calculate your maximum benefit:

1. Enter your basic annual pay. _____

x 5 _____

Round to the next higher \$10,000. _____

This is your maximum coverage. *(Cannot exceed \$500,000)*

2. Select a benefit amount in the Life or Life and AD&D chart, then find your age to determine your Monthly premium deduction. *(Cannot exceed \$500,000)*

Employee Premium Deduction Schedule

Life Monthly Premium

Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
Life Benefit in 000's	\$20	0.52	0.62	0.62	1.04	1.14	1.80	2.80	4.40	8.00	11.60	19.40	35.00	127.60
	\$30	0.78	0.93	0.93	1.56	1.71	2.70	4.20	6.60	12.00	17.40	29.10	52.50	191.40
	\$40	1.04	1.24	1.24	2.08	2.28	3.60	5.60	8.80	16.00	23.20	38.80	70.00	255.20
	\$50	1.30	1.55	1.55	2.60	2.85	4.50	7.00	11.00	20.00	29.00	48.50	87.50	319.00
	\$60	1.56	1.86	1.86	3.12	3.42	5.40	8.40	13.20	24.00	34.80	58.20	105.00	382.80
	\$70	1.82	2.17	2.17	3.64	3.99	6.30	9.80	15.40	28.00	40.60	67.90	122.50	446.60
	\$80	2.08	2.48	2.48	4.16	4.56	7.20	11.20	17.60	32.00	46.40	77.60	140.00	510.40
	\$90	2.34	2.79	2.79	4.68	5.13	8.10	12.60	19.80	36.00	52.20	87.30	157.50	574.20
	\$100	2.60	3.10	3.10	5.20	5.70	9.00	14.00	22.00	40.00	58.00	97.00	175.00	638.00
	\$110	2.86	3.41	3.41	5.72	6.27	9.90	15.40	24.20	44.00	63.80	106.70	192.50	701.80
	\$120	3.12	3.72	3.72	6.24	6.84	10.80	16.80	26.40	48.00	69.60	116.40	210.00	765.60
	\$130	3.38	4.03	4.03	6.76	7.41	11.70	18.20	28.60	52.00	75.40	126.10	227.50	829.40
	\$140	3.64	4.34	4.34	7.28	7.98	12.60	19.60	30.80	56.00	81.20	135.80	245.00	893.20
	\$150	3.90	4.65	4.65	7.80	8.55	13.50	21.00	33.00	60.00	87.00	145.50	262.50	957.00
	\$160	4.16	4.96	4.96	8.32	9.12	14.40	22.40	35.20	64.00	92.80	155.20	280.00	1020.80
	\$170	4.42	5.27	5.27	8.84	9.69	15.30	23.80	37.40	68.00	98.60	164.90	297.50	1084.60
	\$180	4.68	5.58	5.58	9.36	10.26	16.20	25.20	39.60	72.00	104.40	174.60	315.00	1148.40
	\$190	4.94	5.89	5.89	9.88	10.83	17.10	26.60	41.80	76.00	110.20	184.30	332.50	1212.20
	\$200	5.20	6.20	6.20	10.40	11.40	18.00	28.00	44.00	80.00	116.00	194.00	350.00	1276.00
	\$210	5.46	6.51	6.51	10.92	11.97	18.90	29.40	46.20	84.00	121.80	203.70	367.50	1339.80
\$220	5.72	6.82	6.82	11.44	12.54	19.80	30.80	48.40	88.00	127.60	213.40	385.00	1403.60	
\$230	5.98	7.13	7.13	11.96	13.11	20.70	32.20	50.60	92.00	133.40	223.10	402.50	1467.40	
\$240	6.24	7.44	7.44	12.48	13.68	21.60	33.60	52.80	96.00	139.20	232.80	420.00	1531.20	
\$250	6.50	7.75	7.75	13.00	14.25	22.50	35.00	55.00	100.00	145.00	242.50	437.50	1595.00	

Life and AD&D Monthly Premium

Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
Life Benefit in 000's	\$20	1.04	1.14	1.14	1.56	1.66	2.32	3.32	4.92	8.52	12.12	19.92	35.52	128.12
	\$30	1.56	1.71	1.71	2.34	2.49	3.48	4.98	7.38	12.78	18.18	29.88	53.28	192.18
	\$40	2.08	2.28	2.28	3.12	3.32	4.64	6.64	9.84	17.04	24.24	39.84	71.04	256.24
	\$50	2.60	2.85	2.85	3.90	4.15	5.80	8.30	12.30	21.30	30.30	49.80	88.80	320.30
	\$60	3.12	3.42	3.42	4.68	4.98	6.96	9.96	14.76	25.56	36.36	59.76	106.56	384.36
	\$70	3.64	3.99	3.99	5.46	5.81	8.12	11.62	17.22	29.82	42.42	69.72	124.32	448.42
	\$80	4.16	4.56	4.56	6.24	6.64	9.28	13.28	19.68	34.08	48.48	79.68	142.08	512.48
	\$90	4.68	5.13	5.13	7.02	7.47	10.44	14.94	22.14	38.34	54.54	89.64	159.84	576.54
	\$100	5.20	5.70	5.70	7.80	8.30	11.60	16.60	24.60	42.60	60.60	99.60	177.60	640.60
	\$110	5.72	6.27	6.27	8.58	9.13	12.76	18.26	27.06	46.86	66.66	109.56	195.36	704.66
	\$120	6.24	6.84	6.84	9.36	9.96	13.92	19.92	29.52	51.12	72.72	119.52	213.12	768.72
	\$130	6.76	7.41	7.41	10.14	10.79	15.08	21.58	31.98	55.38	78.78	129.48	230.88	832.78
	\$140	7.28	7.98	7.98	10.92	11.62	16.24	23.24	34.44	59.64	84.84	139.44	248.64	896.84
	\$150	7.80	8.55	8.55	11.70	12.45	17.40	24.90	36.90	63.90	90.90	149.40	266.40	960.90
	\$160	8.32	9.12	9.12	12.48	13.28	18.56	26.56	39.36	68.16	96.96	159.36	284.16	1024.96
	\$170	8.84	9.69	9.69	13.26	14.11	19.72	28.22	41.82	72.42	103.02	169.32	301.92	1089.02
	\$180	9.36	10.26	10.26	14.04	14.94	20.88	29.88	44.28	76.68	109.08	179.28	319.68	1153.08
	\$190	9.88	10.83	10.83	14.82	15.77	22.04	31.54	46.74	80.94	115.14	189.24	337.44	1217.14
	\$200	10.40	11.40	11.40	15.60	16.60	23.20	33.20	49.20	85.20	121.20	199.20	355.20	1281.20
	\$210	10.92	11.97	11.97	16.38	17.43	24.36	34.86	51.66	89.46	127.26	209.16	372.96	1345.26
\$220	11.44	12.54	12.54	17.16	18.26	25.52	36.52	54.12	93.72	133.32	219.12	390.72	1409.32	
\$230	11.96	13.11	13.11	17.94	19.09	26.68	38.18	56.58	97.98	139.38	229.08	408.48	1473.38	
\$240	12.48	13.68	13.68	18.72	19.92	27.84	39.84	59.04	102.24	145.44	239.04	426.24	1537.44	
\$250	13.00	14.25	14.25	19.50	20.75	29.00	41.50	61.50	106.50	151.50	249.00	444.00	1601.50	

For premiums for benefit amounts not illustrated in this chart, please contact your Plan Administrator.

Can I buy coverage for my family?

If you cover yourself, you can also purchase Voluntary Life Insurance for your eligible family members. You can buy spouse coverage in units of \$5,000, up to the lesser of 50% of your own coverage amount or \$250,000. You can buy coverage for your children too - in an amount of \$1,000, \$5,000 or \$10,000. The 50% limit also applies to child coverage.

You can also buy AD&D coverage for your dependents, if you buy AD&D coverage for yourself. The Dependent AD&D amount will match the Dependent Life amount.

Your eligible dependents include your lawful spouse, if not disabled or hospital confined on the effective date, and unmarried children (if not hospital confined) from live birth to age 19, or to age 25 if a full-time student. The hospital confinement exception does not apply to a child born while dependent insurance is in effect.

Spouse Life Monthly Premium Deduction Schedule														AD&D All Ages	
Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	All Ages	
Life Benefit in 000's	\$5	0.13	0.16	0.16	0.26	0.29	0.45	0.70	1.10	2.00	2.90	4.85	8.75	31.90	0.13
	\$10	0.26	0.31	0.31	0.52	0.57	0.90	1.40	2.20	4.00	5.80	9.70	17.50	63.80	0.26
	\$15	0.39	0.47	0.47	0.78	0.86	1.35	2.10	3.30	6.00	8.70	14.55	26.25	95.70	0.39
	\$20	0.52	0.62	0.62	1.04	1.14	1.80	2.80	4.40	8.00	11.60	19.40	35.00	127.60	0.52
	\$25	0.65	0.78	0.78	1.30	1.43	2.25	3.50	5.50	10.00	14.50	24.25	43.75	159.50	0.65
	\$30	0.78	0.93	0.93	1.56	1.71	2.70	4.20	6.60	12.00	17.40	29.10	52.50	191.40	0.78
	\$35	0.91	1.09	1.09	1.82	2.00	3.15	4.90	7.70	14.00	20.30	33.95	61.25	223.30	0.91
	\$40	1.04	1.24	1.24	2.08	2.28	3.60	5.60	8.80	16.00	23.20	38.80	70.00	255.20	1.04
	\$45	1.17	1.40	1.40	2.34	2.57	4.05	6.30	9.90	18.00	26.10	43.65	78.75	287.10	1.17
	\$50	1.30	1.55	1.55	2.60	2.85	4.50	7.00	11.00	20.00	29.00	48.50	87.50	319.00	1.30
	\$60	1.56	1.86	1.86	3.12	3.42	5.40	8.40	13.20	24.00	34.80	58.20	105.00	382.80	1.56
	\$70	1.82	2.17	2.17	3.64	3.99	6.30	9.80	15.40	28.00	40.60	67.90	122.50	446.60	1.82
	\$80	2.08	2.48	2.48	4.16	4.56	7.20	11.20	17.60	32.00	46.40	77.60	140.00	510.40	2.08
	\$90	2.34	2.79	2.79	4.68	5.13	8.10	12.60	19.80	36.00	52.20	87.30	157.50	574.20	2.34
\$100	2.60	3.10	3.10	5.20	5.70	9.00	14.00	22.00	40.00	58.00	97.00	175.00	638.00	2.60	
\$110	2.86	3.41	3.41	5.72	6.27	9.90	15.40	24.20	44.00	63.80	106.70	192.50	701.80	2.86	
\$120	3.12	3.72	3.72	6.24	6.84	10.80	16.80	26.40	48.00	69.60	116.40	210.00	765.60	3.12	

For Life and Accidental Death and Dismemberment insurance for your spouse, choose the benefit you want. Your spouse's premiums are based on your spouse's age.

For premiums for benefit amounts not illustrated in this chart, please contact your Plan Administrator.

Child Life Monthly Premium			
Benefit	\$1,000	\$5,000	\$10,000
Child Life	0.18	0.91	1.82
Child Life and AD&D	0.21	1.04	2.08

For Life insurance for your child(ren), choose the benefit you want for the corresponding premium. One premium covers all of your eligible dependent children.

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section of this brochure for additional important plan limitations, exclusions, restrictions and reductions that may apply.



Other Important Plan Provisions

Life

The Disability Benefit, the Accelerated Benefit, Automobile Accident Benefit, Higher Education Benefit, and portability all have limitations or exclusions.

For insureds or dependents who commit suicide within the first year after the effective date of their coverage, the only benefit amount payable is a refund of the amount of the insured's contributions.

For insureds or dependents who commit suicide within the first year after the insured elects an increase in coverage, the benefit amount for the increase will be limited to the amount of the insured's contributions for the increase. This limitation applies to any contributory insurance.

Life insurance coverage amounts will reduce by 33 percent at age 70. The amounts will be rounded to the next higher \$10,000. The reduced amount will be further reduced an additional 33 percent at age 75, similarly rounded.

In the case of Accidental Death and Dismemberment, we will not pay benefits if the loss results directly or indirectly from war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; service in the armed forces of any country, combination of countries or international organization at war, whether declared or not; any physical or mental disease; any infection, except a pyogenic infection that occurs from an accidental wound; assault or felony committed by the covered person or covered dependent; suicide or attempted suicide while sane or insane; intentionally self-inflicted injury while sane or insane; the use of any drug, unless it is used as prescribed by a doctor; or the covered person's or covered dependent's intoxication, including but not limited to operating a motor vehicle while intoxicated.

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ASSURANT

Employee Benefits® 2323 Grand Blvd.
Kansas City, MO 64108

Certified and Administrative
Lake Zurich School District #95

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Employee Application

Please print clearly in blue or black ink.

ISSUE

Check one – Employer Use

- Initial Employee
- New Employee
- Change

Employee Information — Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (last, first, initial)		Employer	Employment location
↳		Lake Zurich School District #95	
Group policy/participant #	Account # or Bill Group Name	Cert. #	Employee SSN
Sex		Job title or position	Employee hire date
<input type="checkbox"/> M	<input type="checkbox"/> F		# hours per week
Earnings \$		Married	Children
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yearly <input type="checkbox"/> Other			
Address		City	State
			Zip

ELECTIONS ARE NOT VALID WITHOUT A SIGNATURE AT THE END OF THIS APPLICATION.

Dependent Information — Required if Dependent coverage applies

Name (Last Name, First Name)	Date of Birth	Gender	Relationship

NOTE — Coverage not elected will be assumed refused even if not specifically refused

Employee Choice Life Benefits

You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Employee Matching Voluntary AD&D
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Life - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Matching Voluntary AD&D
<input type="checkbox"/>	<input type="checkbox"/>	Child Voluntary Life - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Matching Voluntary AD&D

Beneficiaries

Last Name	First	MI	Relationship	
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

If beneficiary is not related to you, please provide Date of Birth, Social Security Number, and full address.

- 1) Give FULL names and relationships of each beneficiary.
- 2) Beneficiaries elected will apply to all employee Life and Accidental Death and Dismemberment coverages.
- 3) If primary/secondary election is not noted, the beneficiary will be considered primary.
- 4) Proceeds will be paid in equal shares to those primary beneficiaries who survive you. If no primary beneficiaries survive you, the proceeds will be paid in equal shares to the surviving secondary beneficiaries.
- 5) If your designation does not fit in the above arrangement, please contact Union Security Insurance Company for the appropriate forms.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:

- 1) Apply for the coverages designated for which I am eligible under my employer’s plan with Union Security Insurance Company.
- 2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company.
- 3) Authorize any required deductions from my earnings.
- 4) Designate the beneficiary named on this application to receive any benefits payable in the event of my death.
- 5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.

When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee’s signature _____ Date _____

