



Additional Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your employer. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date

The group policy effective date is October 1, 2004. Your employer will provide Basic Life coverage from The Standard. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount.

Eligibility

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active Partner, Sole Proprietor, Owner-Employee or employee of a participating employer, excluding temporary and seasonal employees or full-time members of the armed forces
- You must be regularly working the minimum number of hours each week, not less than 17.5 hours, shown in the Insurance Eligibility Information form.

Employee Coverage Amount

You may elect Additional Life coverage in units of \$10,000 to a maximum of \$500,000.

If you wish to become insured for an amount of Additional Life in excess of \$100,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Spouse Coverage Amount

This coverage is available in units of \$10,000 to a maximum of \$500,000, but not to exceed 100 percent of your combined Basic and Additional Life coverage.

If you elect an amount for your spouse greater than \$10,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

NOTE: You are only required to be insured under Basic Life in order to elect this coverage for your spouse.

Coverage Amount for Children

This coverage is available in units of \$2,000 to a maximum of \$10,000, but not to exceed 100 percent of your combined Basic and Additional Life coverage. All late applications will be subject to medical underwriting approval.

Child means your child from live birth through age 25.

NOTE: You are only required to be insured under Basic Life in order to elect this coverage for your children.

Employee Rates

If you elect Additional Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of last January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.11
45-49	\$0.21
50-54	\$0.32
55-59	\$0.53
60-64	\$0.66
65-69	\$1.27
70-74	\$2.06
75+	\$6.44

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional 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: _____

Spouse Rates

If you elect Dependents Life insurance for your spouse, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (as of last January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.11
45-49	\$0.21
50-54	\$0.32
55-59	\$0.53
60-64	\$0.66
65-69	\$1.27
70-74	\$2.06
75+	\$6.44

To calculate the premium for your spouse:

1. Amount Elected: Write this amount on the Dependent Life Spouse 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: _____

Child(ren) Rates

If you elect Dependents Life insurance for your eligible child(ren), your monthly premium rate for this coverage is \$0.14 per \$2,000 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period (check with your human resources representative)
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that 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.

Age Reductions

Under this plan, coverage reduces by 40 percent at age 70. If you, or your spouse, are age 70 or over, ask your human resources representative for amount of coverage available.

Suicide Exclusion

This plan includes 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.

Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become totally disabled while insured under the group policy
- Are under the age of 60
- Complete the waiting period of 180 days
- Give us satisfactory proof of loss

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any Dependent's coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the group policy
- The date your employer's coverage under the group policy for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the dependent ceases to be an eligible dependent
- For your spouse, the date of your divorce or legal separation
- For a child who is disabled, 90 days after we mail you a proof of disability request, if proof is not given

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.