

North American Division of Seventh-Day Adventist

Supplemental Life Benefit Highlights

- Eligibility:** All active denominational employees based in the North American Division's United States or Bermuda working a minimum of 20 hours per week. Temporary and seasonal employees are excluded.
- Coverage Effective Date:** Benefits selected during this enrollment, April 15 – June 15, 2005, will be effective July 1, 2005, or when approved by The Hartford if medical evidence is required.
- Benefit Amount:** In increments of \$10,000 up to 7 x salary to a maximum of \$750,000.
- Note: Salary is defined as Your salary plus tuition assistance and other taxable income. (Do not exclude parsonage allowance or voluntary pre-tax contributions such as 403b retirement contributions, education IRA's, or section 125 benefits.)
- Guaranteed Issue Amount:** The guaranteed issue amount is the amount of insurance that you may elect without providing evidence of good health. If you enroll during this enrollment period, the guaranteed issue amounts are:
- * **New entrants and current enrollees** may elect up to 3x salary (rounded down to the lower \$10,000 increment) not to exceed \$250,000.
 - * **Employees currently over the GI level (the lesser of 3x salary or \$250,000)**, may increase by \$10,000 up to the plan maximum.
 - * **Spouse** may elect \$10,000, \$20,000 or \$30,000. (If currently over \$30,000, may increase by \$10,000 up to the plan maximum).
 - * **Child** coverage may be elected up to \$25,000 in \$1,000 increments.
- Benefit Reductions:** Benefits will not be reduced for active employees based upon age. Retirees benefits will be reduced by 35% at ages 70 and 75.
- Dependent Coverage:** You may also elect coverage on the lives of your spouse and/or dependent children. To qualify, children must be unmarried and less than 19 years (26 years if a full-time student). Also, unmarried children over the age of 19 who are disabled may be eligible if certain conditions are met. A Personal Health Statement will not be required for your spouse or child unless you are a late enrollee or your spouse coverage exceeds the Spouse Guaranteed Issue amount. Dependent coverage is available only when you elect coverage for yourself. If your spouse or dependent child is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days.
- Spouse Benefit Amount:** May be purchased in increments of \$10,000 to a maximum of \$250,000. You may not elect coverage for your spouse if your spouse is covered as an employee under this policy. A spouse's benefit amount cannot exceed the amount of the employee's Supplemental Life Amount. *Spouse Guaranteed Issue Amount:* \$30,000.
- Child Benefit Amount:** May be purchased in increments of \$1,000 to a maximum of \$25,000 per child. Child's amount cannot exceed the employee's Supplemental Life amount. *Child Guaranteed Issue Amount:* \$25,000.

Portability or Conversion Option:

If you leave your employer, **Portability** is a continuation option that allows you to continue your coverage. To be eligible you must terminate your employment while you are under the Social Security definition of retirement age (age 65 or older based on your year of birth) and you must be porting a minimum of \$5,000. The option allows you to continue all or a portion of your Supplemental Life Insurance under a separate Portability term policy. Portability is subject to a maximum of \$250,000. If portability is also offered on spouse and child coverage, it is subject to a maximum of \$50,000 spouse and \$10,000 child. To elect Portability, you must apply and pay the premium within 31 days of the termination of your Supplemental Life Insurance. Proof of good health will not be required.

If your Supplemental Life insurance terminates, the plan's **Conversion** Privilege allows you to convert all or a portion of your group coverage to an individual policy from Hartford Life. The conversion amount will depend on the reason coverage is terminating. You must request conversion and pay the required premium within 31 days of the date your Supplemental Life insurance ends. No evidence of good health will be required.

PORTABILITY OR CONVERSION MAY BE ELECTED UPON TERMINATION OF BENEFITS.

Living Benefits Option:

Should you be diagnosed as terminally ill with a 12-month life expectancy, the Living Benefits Option allows you to receive an accelerated payment of a portion of your life insurance proceeds. The option is available to individuals with at least \$10,000 in group coverage from Hartford Life, subject to any maximum age limit described in the policy.

You may request a minimum accelerated payment of \$3,000 up to a maximum of 80% of the insured's coverage or \$500,000 whichever is less. Funds are paid directly to you, with no policy restrictions on how you use them. The remaining benefit is then payable to the beneficiary.

Waiver of Premium:

This provision applies if you become totally disabled before age 60 and your disability lasts for at least 6 months. You must provide proof of your condition within one year of your last day of work and once we approve, your coverage will continue without payment of premium up to your Normal Retirement Age, as long as you remain totally disabled. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates. Payment of premium is required until waiver is approved by Hartford Life.

Benefit Costs:

Please refer to the chart below to find the monthly rate per \$10,000 of coverage for you and your spouse. The monthly child rate is **\$.192/\$1000 per month.**

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 79	80-84	85 - 89	Over 90
Employee Rate*	\$.55	\$.61	\$.67	\$.92	\$1.39	\$2.26	\$3.91	\$4.19	\$7.33	\$13.05	\$20.77	\$29.51	\$46.42	\$77.57
Spouse Rate*	\$.55	\$.61	\$.67	\$.92	\$1.39	\$2.26	\$3.91	\$4.19	\$7.33	\$13.05	\$20.77	\$29.51	\$46.42	\$77.57

* These are current rates; future rates may differ.

Assistance for beneficiaries:

Safe Haven Account

Death benefits are deposited into a free, interest-bearing checking account for the beneficiary that offers both fast convenient access to funds and a safe place to keep those funds until decisions can be made about how and where to use or invest them.

Limitations and Exclusions

Check you Benefit Highlights Sheet for these details. In addition, death by suicide is covered only after the employee has been insured for two years. Therefore, if death results from suicide, no benefit will be payable for any Supplemental Life coverage that became effective within two years of the date of death.

Other exclusions may apply depending upon your coverage. Refer to your policy.

This Benefit Highlight Sheet and Enrollment Form explain the general purposes of the insurance described, but in no way change or affect the policy as actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of insurance booklet issued to each insured individual. Please read it carefully and keep it in a safe place with your other important papers.