Basic Group Term Life Insurance

AnthemLife

Regional School District No. 13

See your union contract or benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

Group term life insurance benefit: varies - see contract for details

Accidental death and dismemberment insurance benefit: $5,000

Benefits after age 65

You will still have benefits after you turn 65, though they will reduce as follows:

50% reduction at age 70

All benefits end at retirement.

Living Benefit (accelerated death benefit)

You can ask for up to 75% of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

Waiver of premium

We may continue your life insurance coverage until you turn 65 if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

Conversion

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

Travel assistance

This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. **All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.**

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically

modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Travel Assistance value added services are provided by Generali Global Assistance, Inc. In all cases, Generali Global Assistance, Inc. only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of Generali Global Assistance, Inc. or Anthem. You choose the medical advice or legal counsel you want. Generali Global Assistance, Inc. or Anthem is not liable for any medical advice or legal counsel given by the medical professional or attorney. Generali Global Assistance, Inc. also is not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against Generali Global Assistance, Inc. or Anthem for its suggestion of or contract with a medical professional or attorney. You must pay back Generali Global Assistance, Inc. for some costs. Generali Global Assistance, Inc. is not affiliated with Anthem and the services provided are not part of the insurance coverage provided by Anthem. The agreement between Generali Global Assistance, Inc. and Anthem is subject to change, which may affect the services offered. Valid only for eligible members. Retirees are not eligible for travel assistance services.

Beneficiary Companion services are provided by Generali Global Assistance, Inc.

Welcome to Anthem Life! Good news—life insurance coverage is easy to understand. This benefit summary gives a basic outline of life insurance coverage including benefits that can be used now, and much more!

AnthemLife

Your Optional Life Insurance Benefits

Regional School District #13

Feel confident in knowing that your family is protected with Anthem Life's Optional Group Term Life Insurance. Please review your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.

Optional group term life insurance benefit amount

You may purchase coverage in an amount from $10,000 to $250,000 in increments of $10,000. Your family or beneficiary will get this additional benefit amount if you pass away.

If you choose an optional life benefit amount of more than $130,000, you will need to have a personal health statement approved by Anthem Life. Your optional life benefit amount will be limited to $130,000 if it's not approved by Anthem Life.

Optional accidental death and dismemberment insurance benefit amount: Equal to Optional Group Term Benefit

Optional accidental Death and Dismemberment Insurance pays a benefit to your beneficiary if your death is caused by an accident. You may also get part of this benefit if an accident results in the loss of sight, a limb, certain fingers or toes, speech, hearing or certain types of paralysis (not able to move part of your body).

Optional life coverage for your family

You may also choose additional life coverage for your spouse and your children:

You may purchase coverage for your spouse in $5,000 increments to a maximum of $125,000.
You may purchase coverage for your children in $5,000 increments to a maximum of $10,000.

If you choose optional life coverage for your Spouse of more than $25,000 your Spouse will need to have a personal health statement approved by Anthem Life. Your Spouse's optional life benefit amount will be limited to $25,000 if it's not approved by Anthem Life.

Dependents' coverage may not exceed 50% of the employee's benefit amount.

Benefits after age 65

You will still have benefits after age 65, though they will reduce as follows:

35% reduction at age 65; 50% reduction at age 70

All benefits end at retirement.

Living Benefit (accelerated death benefit)

You can ask for up to 75% of your optional life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

Waiver of premium

We may continue your life insurance coverage until you turn 65 if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

Portability of optional life insurance

If you leave employment for reasons other than retirement or disability, this feature allows you to take your optional life insurance coverage with you by paying the required premiums. Plus, the rates are typically lower than an individual policy.

Conversion

If you leave your job – for any reason – you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

Additional optional accidental death and dismemberment insurance benefits

Your optional AD&D coverage also includes extra benefits that also pay for certain losses: *Seat Belt Benefit* if you die in an auto accident while wearing a seatbelt and *Air Bag Benefit* if you die in an auto accident while wearing a seatbelt in a car that has an airbag; *Child Education Benefit* helps pay your eligible child's college costs if you die in an accident; *Repatriation Benefit*, helps pay costs to prepare and transport your body if you die in an accident more than 75 miles from home; *Common Carrier Benefit* if you die in a public transportation accident.

Resource Advisor

This support program comes with your life coverage to give you and your family private access to work/life resources, at no additional cost to you, including: counseling sessions for qualifying events; identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone consultations and referrals from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "anthemresourceadvisor". You can also access Resource Advisor benefits by calling (888) 209-7840.

Travel assistance

This program comes with your life coverage to give you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. To access benefits, visit www.europassistance-usa.com. The username is AnthemLife, the password is 75293. You can also access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482.

SpecialOffers@Anthem[sm]

This program gives you and your family money saving discounts on products and services that promote better health and well-being. To find out more about SpecialOffers@Anthem[sm] discounts and benefits, go to anthem.com/specialoffers.

Beneficiary support programs

If you should pass away, we're here to help your beneficiary (the person who gets your life insurance benefit):

- Beneficiaries continue to have access to Resource Advisor services, including all the features described above, plus they get three face-to-face visits with a counselor in the first six months after their loss.
- Beneficiary Companion services help them close accounts and settle important estate matters with one phone call. That way, they can focus on healing.
- Beneficiaries can order copies of *The Healing Book – Facing the Death – and Celebrating the Life – of Someone You Love* for children affected by the loss. This book can really help children at a time when they need it most – and there's no charge for it.
- Your beneficiary can choose to have your life insurance benefits paid through our Access Advantage account. That way the funds can be used right away or when they are needed. Access Advantage accounts earn interest, so important investment decisions can be made later, at a less stressful time.

Connecticut Employee Application

Anthem Life

Anthem Life Insurance Company
P.O. Box 182361
Columbus, OH 43218-2361
Phone 1-800-551-7265
Fax 1-614-433-8880

Please complete in ink. Read and complete all of this form. If you need more space, attach a separate sheet of paper and sign and date it. Please use 4 digits for years (e.g., 2016, not 16).

EMPLOYER USE ONLY

Group no.	Division no.	Class	Requested effective date (MM/DD/YYYY)

SECTION 1: REASON FOR APPLICATION

Event date: _____ (MM/DD/YYYY)

☐ New enrollment ☐ Change of status ☐ Change of beneficiary ☐ Exercise portability option (complete sections 1, 2 and 7)
☐ Change of coverage ☐ Change of class ☐ Change of name/address
☐ Waive coverages (complete sections 1, 2, 6 and 9)
☐ COBRA – effective date: _____ (MM/DD/YYYY

SECTION 2: APPLICANT INFORMATION

Last name	First name	M.I.

Social Security no.	Marital status	Sex
	☐ Single ☐ Married ☐ Divorced ☐ Widowed	☐ M ☐ F

Street address	City	State	ZIP code	County	Municipality

Are you actively at work?	If no, state reason	Are you retired?
☐ Yes ☐ No		☐ Yes ☐ No

Employer/Group name	Occupation	Date of hire as full-time (MM/DD/YYYY)

Hours worked per week for this employer	Current income: _____	Income reported on:
	☐ Hour ☐ Week ☐ Month ☐ Year	☐ W-2 ☐ 1099 ☐ Other: _____

Home phone no.	Work phone no.	Fax no.	Email address

SECTION 3: EMPLOYEE AND DEPENDENT DETAILS – Complete all details for individuals applying for this coverage; list names of all dependents.

Last name, first name, M.I.	Social Security no.	Sex	Date of birth (MM/DD/YYYY)	Age	Relationship	Height	Weight	State of birth	Eligible for federal income tax exemption	Full-time student
Employee					Self					
		☐ M ☐ F								☐ Yes ☐ No
		☐ M ☐ F								☐ Yes ☐ No
		☐ M ☐ F								☐ Yes ☐ No
		☐ M ☐ F								☐ Yes ☐ No

List address of all dependents if different from the applicant, including temporary address, e.g. college student.

Name/Address: _____

Name/Address: _____

Are you or any dependent currently hospitalized? ☐ Yes ☐ No

If yes, list name and reason: _____

Reset Form Save and Print

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

SECTION 4: STATUS CHANGE

Reason for change: ☐ Marriage ☐ Divorce ☐ Spouse deceased ☐ Birth/adoption ☐ Termination of employment

☐ Change name to	Date change occurred (MM/DD/YYYY)
☐ Change address to	Date change occurred (MM/DD/YYYY)
☐ Change of beneficiary (complete section 5)	Date change occurred (MM/DD/YYYY)
☐ Add/delete dependent (name of dependent)	Date of birth/adoption (MM/DD/YYYY)
☐ Change coverage amount Current benefit amount: $_____ Change benefit amount to: $_____	Date change occurred (MM/DD/YYYY)
☐ Change life class to	Date change occurred (MM/DD/YYYY)
☐ Other change (explain)	Date change occurred (MM/DD/YYYY)

SECTION 5: BENEFICIARY DESIGNATION

	Name of beneficiary	Percentage	Social Security no.	Relationship to applicant	Age
☐ Primary ☐ Contingent					
☐ Primary ☐ Contingent					
☐ Primary ☐ Contingent					
☐ Primary ☐ Contingent					

SECTION 6: INSURANCE COVERAGE — Check all that you are applying for. Coverage is limited to what is offered by employer.

☐ Basic Life
☐ Basic AD&D
☐ Dependent Life
☐ Short Term Disability
☐ Long Term Disability
☐ Other: _____
☐ Voluntary Short Term Disability (VSTD)
☐ Voluntary Long Term Disability (VLTD)
☐ Voluntary AD&D: _____ x annual earnings OR $ _____

☐ Optional Life (If checked, complete the rest of this section.)
Optional Life: _____ x annual earnings OR $ _____
Optional Life (51+ lives only): Spouse: $ _____
Child: $ _____

Payroll deduction frequency: ☐ Weekly ☐ Semi-monthly ☐ Bi-weekly ☐ Monthly

Optional AD&D: _____ x annual earnings OR $ _____

SECTION 7: PORTABILITY — Complete only if exercising portability option. Attach check with application.

Payment mode request ☐ Quarterly ☐ Semi-annual ☐ Annual	Date coverage with employer terminated

Portability options: (Minimum employee coverage is $10,000 and employee coverage is required to transfer any dependent coverage. Dependent coverage may not exceed 50% of employee coverage.))

Employee: ☐ Same ☐ Decrease to: _____ ☐ Delete coverage
Spouse: ☐ Same ☐ Decrease to: _____ ☐ Delete coverage
Children: ☐ Same ☐ Decrease to: _____ ☐ Delete coverage

SECTION 8: AUTHORIZATION — Read carefully before signing.

1. Unless otherwise provided herein, if one or more life insurance beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries surviving the insured. Payment of proceeds shall be made in accordance with the terms of the group contract, subject to change by my written notice to my employer.
2. These coverages will become effective on the date established by the provisions of the group contract and certificates issued thereunder. I understand that by applying for the type of coverage checked, I authorize deduction from my wages if necessary for the required premium for the coverage for which I have applied.
3. I am responsible for the timely notification to my employer of any changes that would make me or a dependent ineligible for coverage.
4. I am applying for the coverage selected on this application. If I select a coverage, or a combination of coverages, not available to me and/or a class for which I am not eligible, I agree that my selection(s) is hereby automatically amended to be consistent with the employer's application.
5. I understand that Anthem Life Insurance Company reserves the right to accept or decline this application and that no right whatsoever is created by this application.

I acknowledge that I have read the foregoing provisions and I expressly accept such provisions as a condition of coverage. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge and I understand they are being relied on by the insurer in accepting this application. I understand that any misstatements or failure to report new medical information prior to my effective date may result in a material change to coverage or premium rates.

Any material misrepresentation or significant omission found in this application may result in denial of benefits or rescission or cancellation of my coverage(s). This authorization, for purposes of processing this application form, is valid from the date signed for a period of thirty months. A photocopy is as valid as the original.

I give this authorization for and on behalf of myself and my eligible dependents, including my children and my spouse (if spouse does not sign below), if covered by the Plan. I am acting as their agent and representative.

Employee signature **X**	Date
Spouse signature **X**	Date

SECTION 9: WAIVER OF COVERAGE

I hereby certify that I have been given the opportunity to apply for the available group life and disability benefits offered by my employer, the benefits have been explained to me, and I and/or my dependent(s) decline to participate. Neither I nor my dependent(s) were induced or pressured by my employer, agent, or life carrier, into declining this coverage, but elected of our own accord to decline coverage. I understand that if I wish to apply for such coverage in the future, I may be required to provide evidence of insurability at my expense.

Employee signature **X**	Date
Employee name (please print)	Social Security no.

The laws of some states require us to provide you with the following information:

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal penalties.