Enrollment at a glance

A guide to your plan basics

North American Division of Seventh-day Adventists

Take advantage of insurance offered at your workplace.
It's convenient and affordable.

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by North American Division of Seventh-day Adventists can be an important part of your financial security.

North American Division of Seventh-day Adventists provides full-time employees with Basic Life Insurance coverage. Eligible full-time and part-time employees may apply for more coverage in the Supplemental Group Term Life Insurance program.

Your Life Insurance Benefit Includes	
Convenient Payroll Deductions	*(Applicable for Supplemental Life Only)* Since deductions are taken directly from your paycheck, you never have to worry about late payments or lapse notices.
"Take it With You"	*(Applicable for Supplemental Life Only)* The portability option allows for continued coverage that can help protect your family even when your current employment ends.
Waiver of Premium	*(Applicable for Supplemental Life Only)* If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.
Accelerated Benefit	You may collect a portion of your death benefit (80%) while you are living, if you are diagnosed with a terminal condition with a limited life expectancy of no more than twelve months (may vary by state).

Supplemental Term Life Insurance Coverage Options			
	For You	**For Your Spouse**	**For Your Child(ren)**
Eligibility	Full-time and part-time employees as defined by your employer.	Coverage is available only if Employee Supplemental Life Insurance is elected.	Coverage is available only if Employee Supplemental Life Insurance is elected.
Coverage Options	$10,000 to $750,000 in $10,000 increments. Note: Combined Basic and Supplemental Life coverage maximum is $850,000.	$10,000 to $250,000 in $10,000 increments. Coverage is limited to 100% of the total amount of Employee Supplemental Life Insurance.	$1,000 to $25,000 in $1,000 increments on your children from birth but less than 26 years. Coverage is limited to 100% of the total amount of Employee Supplemental Life Insurance.
Guaranteed Issue Offer*	**New Hire –** You can elect up to $250,000 without providing evidence of insurability during the initial eligibility period.	**New Hire –** You can elect up to $30,000 of coverage without providing evidence of insurability on your spouse during the initial eligibility period.	**New Hire –** You can elect up to $25,000 of coverage without providing evidence of insurability on your children during the initial eligibility period.

Contact your employer if you have questions about the definition of "child" for your plan.

*Evidence of insurability 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.

Age Reduction(s) are not applicable to Supplemental Life Insurance coverage.

Insurance Rate Information and Premium Calculator

The cost is calculated based on the age of the employee or spouse as of each January 1st.

The rates shown are guaranteed until 1/1/2017.

Employee and Spouse Supplemental Life Insurance Rates

Age	Monthly Cost per $1,000 of Coverage
Under 30	$0.055
30-34	$0.061
35-39	$0.067
40-44	$0.092
45-49	$0.139
50-54	$0.226
55-59	$0.391
60-64	$0.419
65-69	$0.733
70-74	$1.305
75-79	$2.077
80-84	$2.951
85 +	$4.642

Dependent Children Life Insurance Rates

Coverage Levels	Monthly Cost
$1,000	$0.19

The amount of coverage elected is for all eligible children for one monthly cost.

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

Supplemental Life Insurance	For You	For Your Spouse	For Your Children
Step 1: Select the amount of insurance you want	$	$	$
Step 2: Divide this number by $1,000	$	$	$
Step 3: Enter the rate from the table(s) above	$	$	$
Step 4: Multiply Step #2 by Step #3	***(A)***	***(B)***	***(C)***
	$	$	$
Step 5: 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. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the Voya™ family of companies. Policy form LP00GP (may vary by state).

Personal Accident Insurance

Personal Accident Insurance provides additional protection for your loved ones in the event you are killed or severely injured in a covered accident. Personal Accident Insurance can help you or your family deal with expenses and financial obligations that arise in the wake of a serious accident.

	For You	For Your Spouse	For Your Children
Eligibility	Full-Time and Part-Time Employees as defined by your Employer.	Coverage is available only if Employee Supplemental Personal Accident Insurance is elected.	Coverage is available only if Employee Supplemental Personal Accident Insurance is elected.
Coverage Options	$10,000 to $500,000 in $10,000 increments.	$10,000 to $500,000 in $10,000 increments. Coverage is limited to 100% of the total amount of Employee Supplemental Personal Accident Insurance coverage.	$5,000 to $25,000 in $5,000 increments on your children from birth but less than 26 years.
Pilot Coverage Options Only	$25,000 to $125,000 in $25,000 increments.	Not applicable.	Not applicable.
Coverage Available without Health Questions	You can elect Employee Supplemental Personal Accident Insurance without providing evidence of insurability.	You can elect Spouse Supplemental Personal Accident Insurance without providing evidence of insurability on your spouse.	You can elect Child(ren) Supplemental Personal Accident Insurance without providing evidence of insurability on your children.
Age Reduction(s)	Benefit amounts reduce to 65% of original coverage at age 70, to 45% at age 75, to 30% at age 80 and to 15% at age 85 and after.	Benefit amounts reduce to 65% of original coverage at spouse age 70, to 45% at age 75, to 30% at age 80 and to 15% at age 85 and after.	Not applicable.

Insurance Rate Information and Premium Calculator

Personal Accident Insurance Rates

Coverage Type	Monthly Cost per $1,000 of Coverage
Employee	$0.027
Spouse	$0.027
Children	$0.026
Pilot	$0.040

Use the table below to calculate your premium based on the amount of Personal Accident Insurance coverage you plan to elect.

Personal Accident Insurance	For You	For Your Spouse	For Your Children
Step 1: Select the amount of insurance you want	$	$	$
Step 2: Divide this number by $1,000	$	$	$
Step 3: Enter the rate from the table(s) above	$	$	$
Step 4: Multiply Step #7 by Step #8	***(A)***	***(B)***	***(C)***
	$	$	$
Step 5: Add **(A)**, **(B)** and **(C)** for the Total Monthly Premium	$		

Personal Accident Insurance Coverage Exclusions (may vary by state)

No benefit is paid for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member. **Exception:** Unless enrolled in the Pilot PAI coverage.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs while committing or attempting to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent:
    - Unless prescribed by a doctor;
    - Which is illegal; or
    - Not taken as directed by a doctor or the manufacturer.
- The insured person's intoxication. Intoxication means an individual's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

This is a summary of benefits only. A complete description of benefits and limitations 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. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the Voya™ family of companies. Policy form HP09GP (may vary by state).