

VOLUNTARY TERM LIFE AND AD&D INSURANCE

BENEFITS SUMMARY



Enhanced Plan

The School Board of Broward County, Florida

Group Number: G000AQ9T

ELIGIBILITY – ALL ELIGIBLE EMPLOYEES

Employee Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Minimum Work Hours	You must be regularly scheduled to work at least an average of 20 hours per week.
Coverage Payment	You pay 100% of the premium for this coverage through payroll deductions.

COVERAGE GUIDELINES

Available Increments	1.25 (subject to maximum of \$50,000), 2.5 (subject to maximum of \$100,000), 3, 4 or 5 times annual salary, up to \$1,000,000, or whichever is less
Guarantee Issue Amount	5 times annual salary, up to \$500,000, or whichever is less

Note: Coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability.

BENEFITS

Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. <i>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i>
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FEATURES

Living Care/Accelerated Death Benefit	Up to 75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$375,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment, up to the Guarantee Issue Amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child).
Portability	The portability feature allows you to continue this insurance program, subject to plan provisions, should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). A completed and signed form must be mailed to Mutual of Omaha with 31 days after insurance has ceased under the group plan for your request to be considered.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage. A completed and signed form must be mailed to Mutual of Omaha with 31 days after insurance has ceased under the group plan for your request to be considered.

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

AD&D BENEFIT SCHEDULE

The AD&D Benefit is paid if an employee is injured as a result of an accident, and that injury is independent of sickness and all other causes. Benefits are paid as indicated below:

Loss	Benefit
Loss of Two Or More Members See Examples below: <ul style="list-style-type: none">▪ Life▪ Both hands, both feet or entire sight of both eyes▪ One hand and one foot▪ One hand and entire sight of one eye▪ One foot and entire sight of one eye▪ Speech and hearing (both ears)	Principal Sum
<ul style="list-style-type: none">▪ One hand, one foot or entire sight of one eye▪ Speech or hearing (both ears)	One-half of the Principal Sum
<ul style="list-style-type: none">▪ Loss of thumb and index finger of same hand	One-fourth of the Principal Sum
<ul style="list-style-type: none">▪ Seat Belt - Provides a benefit equal to 100% of the Principal Sum.	

LIFE INSURANCE EXCLUSIONS

There is a one year suicide exclusion on the Enhanced life coverage for new hires; existing employees buying Enhanced life coverage for the first time; and/or any increase to the Enhanced life coverage amounts. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Term life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001.