Term Life and AD&D Insurance Benefits Summary



Core Plan

The School Board of Broward County, Florida Group number: G000AQ9T

Oroup number. GoodAQ71		
ELIGIBILITY -ALL ELIGIBLE EMPL	OYEES	
Employee Eligibility	You must be actively at work (able to perform all normal duties of your job) to be aligible for	
	coverage.	
Minimum Work Hours Required	You must be regularly scheduled at least an average of 20 hours per week.	
Coverage Payment	Your employer pays 100% of the premium for this coverage.	
BENEFITS		
Life Insurance Benefit Amount	Please verify your coverage amount with your employer.	
	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.	
Accidental Death & Dismemberment AD&D Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.	
FEATURES		
Living Care/Accelerated Death Benefit	Up to 75% of the amount of the life insurance benefit is available to you if terminally ill.	
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.	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over	
	100 miles from home or outside the country.	
Portability	The portability feature allows you to continue this insurance program, subject to plan provisions, for yourself 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 AD&D BENEFIT SCHEDULE	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.	
	ovee is injured as a result of an a	accident, and that injury is independent of sickness and all other
causes. Benefits are paid as indicated	below:	
Loss of Two or More Members		Benefit
See Examples below:		
• Life		
Both hands, both feet or entire sight of both eyes		Principal Sum
 One hand and one foot 		
• One hand and entire sight of one ey	e	
• One foot and entire sight of one eye		
 Speech and hearing (both ears) 		
 One hand, one foot or entire sight o 	f one eye	
 Speech or hearing (both ears) 		One-half of the Principal Sum

• Seat Belt - Provides a benefit equal to 100% of the Principal Sum.

• Speech or hearing (both ears)

• Loss of thumb and index finger of same hand

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.

One-fourth of the Principal Sum