

## TERM LIFE INSURANCE for the employees of City of Carson

<p><b>Eligibility</b></p>	<p><i><b>You</b></i> — If you are an active, Full-Time Employee classified as CPT AFSCME Union Local 809 Employees, Professional, Supervisor, Management, Confidential AFSCME Local 1017, Field Deputy, Senior Field Deputy, or Senior Deputy City Clerk, you will be eligible to elect coverage for you and your dependents on the first of the month on or coinciding with 30 days of hire.</p> <p><i><b>Your Spouse*</b></i> — is eligible</p> <p><i><b>Your Unmarried, Dependent Children</b></i> — Under age 19 (or under age 26 if they are full-time students). One low premium will insure all your eligible children.</p> <p>No one may be covered more than once under this plan. If covered as an employee, you can not also be covered as a dependent.</p> <p><i>*Domestic Partner is defined in the group policy. For purposes of this brochure, wherever the term Spouse appears it includes Domestic Partner. In addition, a Domestic Partner registered with the California Secretary of State is eligible as a Domestic Partner under the policy. Additional information is available from your Benefit Services Representative.</i></p>
<p><b>How Much Coverage Can You Buy?</b></p>	<p><i><b>You</b></i> — Units of \$5,000. The maximum for any employee is the lesser of 5 times your annual salary or \$300,000. Your guaranteed coverage amount is \$200,000.</p> <p><i><b>Your Spouse</b></i> — \$10,000. The cost of coverage will be based on your spouse's age. The guaranteed coverage amount for your spouse is \$10,000.</p> <p><i><b>Your Unmarried, Dependent Children</b></i> — \$5,000. The guaranteed coverage amount for your children is \$5,000.</p>
<p><b>Guaranteed Coverage</b></p>	<p>If you are a new hire and you apply within 31 days after you are eligible to elect coverage for you and your dependents, you are entitled to choose any coverage offered up to the guaranteed coverage amount, as shown on your application, without providing evidence of good health. If you apply for an amount of coverage for yourself or your spouse greater than the guaranteed coverage amount, coverage in <i>excess</i> of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of good health.</p> <p>If you apply for coverage for yourself or your spouse more than 31 days from the date you become eligible to elect coverage under this plan, the guaranteed coverage amounts will not apply. Coverage will not be issued until the insurance company approves acceptable evidence of good health.</p>
<p><b>How Much Your Coverage Will Cost</b></p>	<p>The monthly cost of insurance for you and dependents will depend on the amount of insurance you wish to purchase.</p> <p><i><b>You</b></i> — Your monthly cost of insurance is \$.49 per \$1,000 of coverage.</p> <p><i><b>Your Spouse and Children</b></i> — The monthly cost for your spouse and children is \$2.40.</p>
<p><b>Other Benefit Features</b></p>	<p><b>Accelerated Death Benefit – Terminal Illness</b> – Up to 100% of the death benefit (not to exceed \$300,000) may be advanced to the insured who is diagnosed with a terminal illness (life expectancy 12 months or less) by two unaffiliated physicians. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.</p> <p><b>Continuation for Disability for Employees Age 60 or over</b> - If your active service ends due to disability, at age 60 or over, your coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan. "Regular Occupation" means your occupation, as routinely performed in the general labor market, at the time your disability begins.</p> <p><b>Extended Death Benefit with Waiver of Premium</b> - If you become disabled prior to age 60, and die before it is determined if you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify and have insured your spouse or children, their coverage is also extended. No additional premium payment is required for the extended coverage. You are considered disabled if, because of injury or sickness, you are unable to perform the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan. "Regular Occupation" means your occupation, as routinely performed in the general labor market, at the time your disability begins.</p> <p><b>Waiver of Premium</b> - If you are totally disabled prior to age 60 and can't work for at least 9 months, you won't need to pay premiums for your coverage while you are disabled, provided we approve you for this benefit. Totally disabled means you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 65, subject to proof of continuing disability each year. If you qualify and have insured your spouse or children, premium for their coverage is also waived.</p> <p><b>Rehabilitation During a Period of Disability</b> - If the insurance company determines that you are a suitable candidate for rehabilitation, the insurance company may require you to participate in an assessment and rehabilitation plan, not to exceed 18 months. A rehabilitation plan may consist of educational, vocational or physical rehabilitation or may include modified work or work on a part-time basis. If you refuse such assistance without good cause (a medical reason preventing participation, in whole or in part, in the rehabilitation plan), insurance under this plan will end.</p>

<b>Exclusions</b>	<b>Life Insurance</b> - This plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.
<b>When Your Coverage Begins and Ends</b>	The date your coverage begins is called its "effective date." Your employer will let you know the effective date of your coverage. If you are not actively at work on the effective date of coverage, your coverage will not begin until you return to work. For coverage for your spouse and/or children to be effective, they must not be hospitalized or confined at home under the care of a doctor. Your coverage cannot be terminated as long as you remain eligible, the premium is paid and the group policy remains in force. For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. <b>Portability Feature</b> - This plan allows you to continue all of your voluntary coverage if you leave your employer. Premiums may change at this time. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children. As long as the group policy remains in force, the option of continuing this coverage is available.
<b>Apply Today</b>	You must complete an application form. Be sure to answer all questions accurately.
<b>Payroll Deduction</b>	Premiums are paid through payroll deduction.
<b>Questions?</b>	For assistance in completing your enrollment form, call 1-800-732-1603 toll-free during weekdays from 8 a.m. to 6 p.m. Eastern time.

*This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLX-967822, on Policy Form TL-004700, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the PUBLIC ADMINISTRATION Industry. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.*

*Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192*

