

Plan Highlights

Voluntary Group Term Life Insurance



State of Florida Department of Transportation

ELIGIBILITY

Employees: Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You or your spouse must be insured in order for Dependent children to be covered.

Dependents are:

- ▶ Your legal spouse under age 70. Spouse coverage terminates at age 75.
- ▶ Your unmarried financially dependent children* age 14 days to 20 years (to 26 years if full-time student).

*natural and adopted children upon finalization of adoption; stepchildren and foster children living with you.

Age limit does not apply to handicapped children.

A person may not have coverage as both an Employee and Dependent.

Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Employee and Spouse: Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse. The benefit amounts chosen need not be the same.

Eligible Dependent Child(ren): 14 Days to 6 months: \$1,000

Age 6 months to 20 years of age (26, if full-time student): choice of \$2,500, \$5,000; \$7,500 or \$10,000

Choose one benefit amount for all eligible children in family.

GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee:

Under age 60: \$100,000

Age 60 but under age 70: \$20,000

Age 70 or older: none

Spouse:

Under age 60: \$20,000

Age 60 or older: none

GUARANTEED ISSUE is subject to underwriting rules and is not available in all circumstances.

CONTRIBUTION REQUIREMENTS

Coverage is employee paid.

BENEFIT REDUCTION DUE TO AGE

(applicable to employee coverage)

AT AGE FACE AMOUNT REDUCES TO:

75-79 60% of available or in force amount at age 74

80-84 35% of available or in force amount at age 74

85-89 27.5% of available or in force amount at age 74

90-94 20% of available or in force amount at age 74

95-99 7.5% of available or in force amount at age 74

100 + 5% of available or in force amount at age 74

RATE

See attached Rate Sheet.

FEATURES

- ▶ Living Benefit Rider (expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- ▶ Conversion Privilege
- ▶ Portability
- ▶ Waiver of Premium

EXCLUSIONS

Death by suicide is not covered during the first two years an insured's insurance is in force. Insurance coverage is incontestable after it has been in force two years during the insured's lifetime, except for non-payment of premium.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8349, et al.

**BI-WEEKLY PREMIUM RATES
PER \$10,000 OF LIFE INSURANCE**

Age (last birthday as of the anniversary date)	Rate
Under Age 30	\$.48
30-34	.61
35-39	.87
40-44	1.24
45-49	2.25
50-54	3.44
55-59	5.14
60-64	9.09
65-69	12.96
70 and Over*	21.45

* Note: For insureds age 75 and older, the above rates are equivalent to per \$10,000 of coverage in effect prior to age 75.

EXAMPLE:	Amount of Insurance	Bi-Weekly Cost
Employee - 33	\$50,000	\$ 3.05
Spouse - 28	30,000	1.44
Three Children - 6 months to age 26	2,500	.36
Total Bi-Weekly Cost		\$ 4.85

Bi-Weekly premium rates are based on your age at your last birthday. They will change on the anniversary date coinciding with or next following your last birthday as you advance to a higher age bracket.

IT IS EASY TO APPLY: Complete the application following the instructions.

This brochure describes the highlights of Group Term Life Master Policy Form Number LRS 8349-01-1188, but is not a contract. If a conflict exists between a statement in this brochure and any provision in the Policy, the Policy will govern. The Master Policy has been issued to a Rhode Island Trust and is subject to Rhode Island law.

Plan Arranged By:

RICHARD C. SMITH & ASSOCIATES, INC.

Post Office box 14208
Tallahassee, FL 32317-4208
1-800-342-0209
(Local) 877-1445

Underwritten By:

RELIANCE STANDARD

Life Insurance Company

Home Office: Chicago, Illinois
Administrative Office: Philadelphia, Pennsylvania