



**Additional Life Insurance**

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children’s education, and more in the event of your passing. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through the County of Riverside.

**Eligibility Requirements**

- Policy # 641685-E**
  - The group policy effective date is January 1, 2016
- Employee**
  - You must be insured for Basic Life through The Standard
  - You must be:
    - An active non-represented Management, Confidential or Law Enforcement Management Bargaining Unit employee, Prosecution Unit employee, Resident Pharmacist, or Public Safety Unit employee of the County of Riverside who is regularly working at least half-time as defined by the County of Riverside, or
    - An Elected Official
  - Employees of the Superior Court for the County of Riverside, per-diem employees, temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- Dependent**
  - You must elect Additional Life insurance for yourself in order to elect Plan B Dependents Life insurance
  - Spouse means a person to whom you are legally married or your domestic partner as recognized under California State law
  - Child means your child from live birth through age 25
  - Your spouse or children must not be full-time member(s) of the armed forces
- Premium**
  - You pay 100 percent of the premium for this coverage through easy payroll deduction

**Coverage Amount Guidelines**

Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	New Hire Guarantee Issue Amount	Maximum
<b>Employee</b>	\$10,000	\$10,000	\$250,000	\$600,000
<b>Spouse</b>	\$5,000	\$5,000	\$20,000	\$100,000

<b>Child</b>	<b>Benefit Amount - You may elect one of the following options:</b>			
	Option 1	Option 2	Option 3	Option 4
	\$5,000	\$10,000	\$15,000	\$20,000

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, **visit the Ready Enroll Online Portal Site at: <https://standard.benselect.com/COR>.**
- All late applications (applying 60 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- The coverage amount for your spouse cannot exceed 100 percent of your combined Basic and Additional Life coverage.
- The coverage amount for your child(ren) cannot exceed 100 percent of your combined Basic and Additional Life coverage.

**Newly Eligible Employees**

**Additional Life Insurance** - If you apply within 60 days after first becoming eligible for coverage, you may elect up to \$600,000 of Additional Life insurance for yourself. However, evidence of insurability will be required to become insured for amounts of Additional Life insurance in excess of the Guarantee Issue amount. The Guarantee Issue amount is \$250,000.

**Spouse/Domestic Partner Dependents Life Insurance** - If you apply within 60 days after first becoming eligible for Spouse/Domestic Partner Dependents Life coverage, you may elect up to \$100,000 of Dependents Life coverage. However, evidence of insurability will be required to become insured for amounts of Dependents Life in excess of the Guarantee Issue amount of \$20,000.

**Child Dependents Life Insurance** - You may elect \$5,000, \$10,000, \$15,000 or \$20,000 of Dependents Life insurance for your eligible child(ren) (live birth through age 25). This amount may not exceed 100 percent of your combined Basic and Additional Life coverage. Evidence of insurability is never required for children.

**Annual Enrollment**

During your employer's annual enrollment period:

- If you are currently enrolled in Additional Life insurance for an amount less than \$600,000, you may elect to increase your coverage by up to two units of \$10,000, without submitting medical evidence, even if this would cause your Additional Life insurance to exceed the Guarantee Issue amount. Any additional amount elected over \$20,000 will be subject to medical underwriting approval.
- If your spouse is currently enrolled in Dependents Life insurance for an amount less than \$100,000, you may elect to increase coverage for your spouse by up to two units of \$5,000, without submitting medical evidence, even if this would cause your spouse's Dependents Life insurance to exceed the Guarantee Issue amount. Any additional amount elected over \$10,000 will be subject to medical underwriting approval.
- If your child is currently enrolled in Dependents Life insurance, you may elect to increase coverage. If your Child is not enrolled in Dependents Life insurance, then you may elect \$5,000, \$10,000, \$15,000 or \$20,000 of Dependents Life insurance for your eligible child(ren) (live birth through age 25). This amount may not exceed 100 percent of your combined Basic and Additional Life coverage. Evidence of insurability is never required for children.
- If you are not currently enrolled in Additional Life or Dependents Life insurance for your spouse, any amount elected will be subject to medical underwriting approval.

**Coverage Amount Needed**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: <http://www.standard.com/lifeneeds>.

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed on the previous page, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

**Life Age Reductions**

Under this plan, your coverage amount reduces by your age as follows: by 35 percent at age 65 and by 50 percent at age 70.

Your spouse's coverage amount reduces by your age as follows: by 35 percent at age 65 and by 50 percent at age 70.

If you are age 65 or over, ask your human resources representative for the amount of coverage available.

**Life Insurance Exclusions**

This plan contains an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This suicide exclusion also applies to your dependents and is subject to state variations. Review your Group Life Certificate of Insurance for more detailed information.

**Life Insurance Features and Benefits**

Please see your human resources representative for additional information about the features and benefits below.

<b>Waiver of Premium</b>	If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Basic and Additional Life insurance may continue without premium payment until age 65 provided you give us satisfactory proof that you remain totally disabled.
<b>Accelerated Benefit</b>	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.
<b>Portability</b>	If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
<b>Conversion</b>	If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health.

**When Insurance Ends**

Coverage ends automatically on the earliest of the following:

- The date the last period ends for which a premium was paid
- The last day of the calendar month in which your employment terminates
- The last day of the calendar month you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

**Group Insurance Certificate**

If coverage becomes effective, and you become insured, a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events, is made available at <http://benefits.rc-hr.com>. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Employee Rates**

If you elect Additional Life insurance, your semi-monthly rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of January 1)	Rate (Per \$1,000 of Total Coverage)
<30	\$0.032
30-34	\$0.043
35-39	\$0.054
40-44	\$0.086
45-49	\$0.130
50-54	\$0.205
55-59	\$0.389
60-64	\$0.486
65+	\$1.156

To calculate your semi-monthly premium:

1. Amount Elected: Write this amount on the Additional Life requested amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Place the answer on Line 4. Line 4: \_\_\_\_\_
5. Line 4 multiplied by 12, divided by 24 = Line 5. This is your semi-monthly cost. Line 5: \_\_\_\_\_

**Spouse Rates**

If you elect Dependents Life insurance for your spouse, your semi-monthly rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (as of January 1)	Rate (Per \$1,000 of Total Coverage)
<30	\$0.032
30-34	\$0.043
35-39	\$0.054
40-44	\$0.086
45-49	\$0.130
50-54	\$0.205
55-59	\$0.389
60-64	\$0.486
65+	\$1.156

To calculate your semi-monthly premium for your spouse:

1. Amount Elected: Write this amount on the Spouse Life requested amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Place the answer on Line 4. Line 4: \_\_\_\_\_
5. Line 4 multiplied by 12, divided by 24 = Line 5. This is your semi-monthly cost. Line 5: \_\_\_\_\_

**Child Rates**

If you elect Dependents Life insurance for your eligible child(ren), your semi-monthly rate for this coverage is \$0.315 per \$5,000 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

**Employee Life Semi-Monthly Premiums**

Coverage Amount	Employee's Age as of January 1									
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70+*
\$10,000	0.16	0.22	0.27	0.43	0.65	1.03	1.95	2.43	3.76	2.89
\$20,000	0.32	0.43	0.54	0.86	1.30	2.05	3.89	4.86	7.51	5.78
\$30,000	0.48	0.65	0.81	1.29	1.95	3.08	5.84	7.29	11.27	8.67
\$40,000	0.64	0.86	1.08	1.72	2.60	4.10	7.78	9.72	15.03	11.56
\$50,000	0.80	1.08	1.35	2.15	3.25	5.13	9.73	12.15	18.79	14.45
\$60,000	0.96	1.29	1.62	2.58	3.90	6.15	11.67	14.58	22.54	17.34
\$70,000	1.12	1.51	1.89	3.01	4.55	7.18	13.62	17.01	26.30	20.23
\$80,000	1.28	1.72	2.16	3.44	5.20	8.20	15.56	19.44	30.06	23.12
\$90,000	1.44	1.94	2.43	3.87	5.85	9.23	17.51	21.87	33.81	26.01
\$100,000	1.60	2.15	2.70	4.30	6.50	10.25	19.45	24.30	37.57	28.90
\$110,000	1.76	2.37	2.97	4.73	7.15	11.28	21.40	26.73	41.33	31.79
\$120,000	1.92	2.58	3.24	5.16	7.80	12.30	23.34	29.16	45.08	34.68
\$130,000	2.08	2.80	3.51	5.59	8.45	13.33	25.29	31.59	48.84	37.57
\$140,000	2.24	3.01	3.78	6.02	9.10	14.35	27.23	34.02	52.60	40.46
\$150,000	2.40	3.23	4.05	6.45	9.75	15.38	29.18	36.45	56.36	43.35
\$160,000	2.56	3.44	4.32	6.88	10.40	16.40	31.12	38.88	60.11	46.24
\$170,000	2.72	3.66	4.59	7.31	11.05	17.43	33.07	41.31	63.87	49.13
\$180,000	2.88	3.87	4.86	7.74	11.70	18.45	35.01	43.74	67.63	52.02
\$190,000	3.04	4.09	5.13	8.17	12.35	19.48	36.96	46.17	71.38	54.91
\$200,000	3.20	4.30	5.40	8.60	13.00	20.50	38.90	48.60	75.14	57.80
\$210,000	3.36	4.52	5.67	9.03	13.65	21.53	40.85	51.03	78.90	60.69
\$220,000	3.52	4.73	5.94	9.46	14.30	22.55	42.79	53.46	82.65	63.58
\$230,000	3.68	4.95	6.21	9.89	14.95	23.58	44.74	55.89	86.41	66.47
\$240,000	3.84	5.16	6.48	10.32	15.60	24.60	46.68	58.32	90.17	69.36
\$250,000	4.00	5.38	6.75	10.75	16.25	25.63	48.63	60.75	93.93	72.25
\$260,000	4.16	5.59	7.02	11.18	16.90	26.65	50.57	63.18	97.68	75.14
\$270,000	4.32	5.81	7.29	11.61	17.55	27.68	52.52	65.61	101.44	78.03
\$280,000	4.48	6.02	7.56	12.04	18.20	28.70	54.46	68.04	105.20	80.92
\$290,000	4.64	6.24	7.83	12.47	18.85	29.73	56.41	70.47	108.95	83.81
\$300,000	4.80	6.45	8.10	12.90	19.50	30.75	58.35	72.90	112.71	86.70
\$310,000	4.96	6.67	8.37	13.33	20.15	31.78	60.30	75.33	116.47	89.59
\$320,000	5.12	6.88	8.64	13.76	20.80	32.80	62.24	77.76	120.22	92.48
\$330,000	5.28	7.10	8.91	14.19	21.45	33.83	64.19	80.19	123.98	95.37
\$340,000	5.44	7.31	9.18	14.62	22.10	34.85	66.13	82.62	127.74	98.26
\$350,000	5.60	7.53	9.45	15.05	22.75	35.88	68.08	85.05	131.50	101.15
\$360,000	5.76	7.74	9.72	15.48	23.40	36.90	70.02	87.48	135.25	104.04
\$370,000	5.92	7.96	9.99	15.91	24.05	37.93	71.97	89.91	139.01	106.93
\$380,000	6.08	8.17	10.26	16.34	24.70	38.95	73.91	92.34	142.77	109.82
\$390,000	6.24	8.39	10.53	16.77	25.35	39.98	75.86	94.77	146.52	112.71
\$400,000	6.40	8.60	10.80	17.20	26.00	41.00	77.80	97.20	150.28	115.60
\$410,000	6.56	8.82	11.07	17.63	26.65	42.03	79.75	99.63	154.04	118.49
\$420,000	6.72	9.03	11.34	18.06	27.30	43.05	81.69	102.06	157.79	121.38
\$430,000	6.88	9.25	11.61	18.49	27.95	44.08	83.64	104.49	161.55	124.27
\$440,000	7.04	9.46	11.88	18.92	28.60	45.10	85.58	106.92	165.31	127.16
\$450,000	7.20	9.68	12.15	19.35	29.25	46.13	87.53	109.35	169.07	130.05
\$460,000	7.36	9.89	12.42	19.78	29.90	47.15	89.47	111.78	172.82	132.94
\$470,000	7.52	10.11	12.69	20.21	30.55	48.18	91.42	114.21	176.58	135.83
\$480,000	7.68	10.32	12.96	20.64	31.20	49.20	93.36	116.64	180.34	138.72
\$490,000	7.84	10.54	13.23	21.07	31.85	50.23	95.31	119.07	184.09	141.61
\$500,000	8.00	10.75	13.50	21.50	32.50	51.25	97.25	121.50	187.85	144.50

\* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Employee Life Semi-Monthly Premiums (Continued)**

Coverage Amount	Employee's Age as of January 1									
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70+*
\$510,000	8.16	10.97	13.77	21.93	33.15	52.28	99.20	123.93	191.61	147.39
\$520,000	8.32	11.18	14.04	22.36	33.80	53.30	101.14	126.36	195.36	150.28
\$530,000	8.48	11.40	14.31	22.79	34.45	54.33	103.09	128.79	199.12	153.17
\$540,000	8.64	11.61	14.58	23.22	35.10	55.35	105.03	131.22	202.88	156.06
\$550,000	8.80	11.83	14.85	23.65	35.75	56.38	106.98	133.65	206.64	158.95
\$560,000	8.96	12.04	15.12	24.08	36.40	57.40	108.92	136.08	210.39	161.84
\$570,000	9.12	12.26	15.39	24.51	37.05	58.43	110.87	138.51	214.15	164.73
\$580,000	9.28	12.47	15.66	24.94	37.70	59.45	112.81	140.94	217.91	167.62
\$590,000	9.44	12.69	15.93	25.37	38.35	60.48	114.76	143.37	221.66	170.51
\$600,000	9.60	12.90	16.20	25.80	39.00	61.50	116.70	145.80	225.42	173.40

\* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Spouse Dependents Life Semi-Monthly Premiums**

Coverage Amount	Spouse's Age as of January 1									
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70+*
\$5,000	0.08	0.11	0.14	0.22	0.33	0.51	0.97	1.22	1.88	1.45
\$10,000	0.16	0.22	0.27	0.43	0.65	1.03	1.95	2.43	3.76	2.89
\$15,000	0.24	0.32	0.41	0.65	0.98	1.54	2.92	3.65	5.64	4.34
\$20,000	0.32	0.43	0.54	0.86	1.30	2.05	3.89	4.86	7.51	5.78
\$25,000	0.40	0.54	0.68	1.08	1.63	2.56	4.86	6.08	9.39	7.23
\$30,000	0.48	0.65	0.81	1.29	1.95	3.08	5.84	7.29	11.27	8.67
\$35,000	0.56	0.75	0.95	1.51	2.28	3.59	6.81	8.51	13.15	10.12
\$40,000	0.64	0.86	1.08	1.72	2.60	4.10	7.78	9.72	15.03	11.56
\$45,000	0.72	0.97	1.22	1.94	2.93	4.61	8.75	10.94	16.91	13.01
\$50,000	0.80	1.08	1.35	2.15	3.25	5.13	9.73	12.15	18.79	14.45
\$55,000	0.88	1.18	1.49	2.37	3.58	5.64	10.70	13.37	20.66	15.90
\$60,000	0.96	1.29	1.62	2.58	3.90	6.15	11.67	14.58	22.54	17.34
\$65,000	1.04	1.40	1.76	2.80	4.23	6.66	12.64	15.80	24.42	18.79
\$70,000	1.12	1.51	1.89	3.01	4.55	7.18	13.62	17.01	26.30	20.23
\$75,000	1.20	1.61	2.03	3.23	4.88	7.69	14.59	18.23	28.18	21.68
\$80,000	1.28	1.72	2.16	3.44	5.20	8.20	15.56	19.44	30.06	23.12
\$85,000	1.36	1.83	2.30	3.66	5.53	8.71	16.53	20.66	31.93	24.57
\$90,000	1.44	1.94	2.43	3.87	5.85	9.23	17.51	21.87	33.81	26.01
\$95,000	1.52	2.04	2.57	4.09	6.18	9.74	18.48	23.09	35.69	27.46
\$100,000	1.60	2.15	2.70	4.30	6.50	10.25	19.45	24.30	37.57	28.90

\* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Child Dependents Life Semi-Monthly Premiums\***

Coverage Amount	Premium
\$5,000	0.16
\$10,000	0.32
\$15,000	0.47
\$20,000	0.63

\* Regardless of the number of eligible children covered.



**Standard Insurance Company**

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at [www.standard.com](http://www.standard.com).

\* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

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GP190-LIFE/S399, GP399-LIFE/TRUST,  
GP899-LIFE, GP190-LIFE/A997/S399