



# Group Term Life Insurance - Employee Paid

## **Benefit Summary**

City of Noblesville

Effective Date: January 01, 2022

Policy Number: 011199

Class 1: All Active Full Time Employees excluding Elected Officials and Board of Works Class Definition:

Members working at least 30 hours per week

### Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to fund a child's education, or pay off a mortgage, a life insurance policy can provide security and help offset financial burdens during a difficult

Coverage Details	Benefit Amoun	t
Employee		113214
Supplemental Life	\$10,000 to \$500,000 in \$1,000 increments, Annual Earnings	not to exceed 5 x Basic
Life Plan Maximum	\$500,000	
Guaranteed Issue Amount	\$150,000	
Life Age Reduction	Age 70, but less than age 75 Age 75, but less than age 80 Age 80, but less than age 85 Age 85, but less than age 90 Age 90 and over	45% 30% 20% 15% 10%
	Any reduction pursuant to this provision is coverage amount and will take place on the following the Insureds birthday.	

Coverage Details	Benefit Amount	
Accidental Death & Dismemberment (AD&D) Principal Sum Accidental Death Accidental Dismemberment	100% of Life Insurance Bene Based on Accidental Death Benefit amount Schedule of Benefits in the certi	as shown in the
AD&D Plan Maximum	\$500,000	
AD&D Age Reduction	Age 70, but less than age 75 Age 75, but less than age 80 Age 80, but less than age 85 Age 85, but less than age 90 Age 90 and over	45% 30% 20% 15% 10%
	Any reduction pursuant to this provision is bas coverage amount and will take place on the posterior of the insureds birthday.	

Coverage Details	Benefit Amount	
Spouse		
Supplemental Spouse Life Insurance Benefit Amount	\$5,000 to \$250,000 in increments of \$500 not to excee employee amount	d 100% of
Spouse Guaranteed Issue Amount	\$30,000	
	Age 70, but less than age 75	45%
	Age 75, but less than age 80	30%
	Age 80, but less than age 85	20%
	Age 85, but less than age 90	15%
	Age 90 and over	10%
Spouse Life Age Reduction		
	Reduction follows insured employee's age	
	Any reduction pursuant to this provision is based on th	e original
	coverage amount and will take place on the policy ann	versary
	following the Insureds birthday.	
Spouse Accidental Death & Dismemberment (AD&D)	100% of Life Insurance Benefit	
Principal Sum	Based on Accidental Death Benefit amount as show	m in tha
Accidental Death	Schedule of Benefits in the certificate.	n in the
Accidental Dismemberment	Schedule of Benefits III the Certificate.	
	Age 70, but less than age 75	45%
	Age 75, but less than age 80	30%
	Age 80, but less than age 85	20%
	Age 85, but less than age 90	15%
Company Apon Anna Parlametina	Age 90 and over	10%
Spouse AD&D Age Reduction		
	Reduction follows insured employee's age	
	Any reduction pursuant to this provision is based on th	e original
	coverage amount and will take place on the policy anni	versary
	following the Insureds birthday.	
Dependent Child up to 26 years		
	Life Insurance Benefit Amount	
Supplemental Child Life Insurance Benefit Amount	Live Birth to less than 15 days	\$500
	15 days to 26 years	\$10,000
	100% of Life Insurance Benefit	
Child Accidental Death & Dismemberment (AD&D) Principal Sum	Based on Accidental Death Benefit amount as show	n in the
Critica Accidental Beath & Districting the Copy of the party of the Copy of th	Schedule of Benefits in the certificate.	

Supplemental Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000

Supplemental Life Features	Benefit Amount
Waiver of Premium on Disability	Total Disability Prior to Age 60
	Any Occupation
	9 Month Elimination Period
	Terminates at age 70

AD&D Features (Employee Only)	Benefit Amount
Common Carrier Benefit	100% of AD&D benefit up to \$250,000
Rehabilitation/Physical Therapy	lesser of incurred expenses and \$5,000
Seatbelt	\$10,000
Airbag	\$5,000

Cost Summary for Supplemental Life	Monthly Rate per \$1,000
Employee	
<25	\$0.043
25-29	\$0.043
30-34	\$0.043
35-39	\$0.048
40-44	\$0.076
45-49	\$0.124
50-54	\$0.181
55-59	\$0.276
60-64	\$0.461
65-69	\$0.556
70-74	\$0.774
75-79	\$1.815
80+	\$1.815

Cost Summary for Supplemental AD&D	Monthly Rate per \$1,000	
Employee	\$0.024	

Cost Summary for Dependent Life	Monthly Rate per \$1,000
CHILD(REN)	\$0.095
SPOUSE	
、 <25	\$0.043
25-29	\$0.043
30-34	\$0.043
35-39	\$0.048
40-44	\$0.076
45-49	\$0.124

Cost Summary for Dependent Life	Monthly Rate per \$1,000
50-54	\$0.181
55-59	\$0.276
60-64	\$0.461
65-69	\$0.556
70-74	\$0.774
75-79	\$1.815
80+	\$1.815

Cost Summary for Dependent AD&D	Monthly Rate per \$1,000
SPOUSE	\$0.024
CHILD(REN)	\$0.024

#### **Manage Your Benefits**

Go to www.equitable.com/employeebenefits and log on to EB360 to view your account details.

If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you managing your benefits with confidence and ease.

#### More about your Life Insurance coverage

If you are working for your employer on the effective date - the waiting period is the first of the month coinciding with or next following 60 continuous days.

If you start working for your employer after the effective date - the waiting period is the first of the month coinciding with or next following 60 continuous days.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

**Basic Annual Earnings** means Your regular annual rate of pay from Your Employer in effect on the date immediately prior to the date the covered loss occurs. Basic Annual Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation.

If the Employee dies while on a covered layoff, sabbatical, or leave of absence, We will determine the Employee's Earnings based on the terms above for the Employee's compensation in effect on the Employee's last full day of Active Work.

#### What is not covered?

We will not pay any SupplementalLife Insurance Benefit if an Insured Person dies by suicide within two years from the Issue Date, we will only pay the amount of premiums paid to Us, except as provided below. Premium will be refunded to You or the Policyholder, depending upon who contributed the premium.

If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder. Any person insured as an Employee under the group Policy may not also be insured as a Spouse.

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

- 1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- 2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
- 3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
- 4. caused or contributed to by travel in or descent from an aircraft, if the insured person acted in a capacity other than as a passenger;
- 5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
- 6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
- 7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
- 8. while the insured person is incarcerated;
- 9. caused or contributed to by the insured person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
- 10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, an over-the-counter drug taken in accordance with the manufacture's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
- 11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
- 12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
- 13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form/Contract ICC18 AXEBP18LI; ICC18 MOEBP18LI; MOEBP18LI; AXEBP18LI and State Variations.

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1290 Avenue of the Americas, New York, NY 10104. (212) 554-1234.

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