

Supplemental AD&D Insurance Benefit Plan & Rate Information

Supplemental Accidental Death and Dismemberment (AD&D) Insurance is an optional benefit that provides AD&D insurance for employees, their spouse/domestic partner, and dependent children.

AD&D Benefit Amounts	<p>Employee: Up to 5 times salary in increments of \$10,000. <i>Not to exceed \$500,000. (Salary = prior year's W-2)</i></p> <p>Spouse: Up to 100% of employee benefit amount in increments of \$5,000. <i>Not to exceed \$500,000.</i></p> <p>Each Child: Up to 100% of employee benefit amount in increments of \$2,000. <i>Not to exceed \$10,000.</i> The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000.</p> <p><u><i>In order to purchase AD&D insurance for your spouse and/or child, you must purchase AD&D insurance for yourself.</i></u></p>																
Guaranteed Amount	Not applicable to AD&D. You may enroll up to the maximum amount available without any Evidence of Insurability.																
Enrollment and Terminations	<ul style="list-style-type: none"> You may enroll when first eligible, during open enrollment, or mid year if there is a qualifying life event. You may terminate coverage at open enrollment or if there is a qualifying life event. 																
AD&D Rates	<p>To calculate the monthly cost for this coverage, complete the calculations below</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"></th> <th style="text-align: center; width: 30%;">Coverage Amount</th> <th style="text-align: center; width: 10%;">Your Rate</th> <th style="text-align: center; width: 10%;">Monthly Cost</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$ _____ ÷ \$10,000</td> <td>X <u>\$.285</u></td> <td>= \$ _____</td> </tr> <tr> <td>Spouse</td> <td>\$ _____ ÷ \$5,000</td> <td>X <u>\$.150</u></td> <td>= \$ _____</td> </tr> <tr> <td>Child/ren*</td> <td>\$ _____ ÷ \$2,000</td> <td>X <u>\$.068</u></td> <td>= \$ _____</td> </tr> </tbody> </table> <p>Final cost may vary slightly due to rounding.</p>		Coverage Amount	Your Rate	Monthly Cost	Employee	\$ _____ ÷ \$10,000	X <u>\$.285</u>	= \$ _____	Spouse	\$ _____ ÷ \$5,000	X <u>\$.150</u>	= \$ _____	Child/ren*	\$ _____ ÷ \$2,000	X <u>\$.068</u>	= \$ _____
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Monthly Premium	Premium is paid by the employee on a pre-tax basis.																

The information noted above is a brief summary of benefits, not a contract. The benefit contract supersedes the information above. For more detailed plan information, please consult the summary plan booklet available from your HR Consultant at HRnovations.