

# Enrollment at a glance

## A guide to your plan basics

### CSAC Excess Insurance Authority City of Alameda, Acct 158

**Take advantage of insurance offered at your workplace.  
It's convenient and affordable.**

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by CSAC Excess Insurance Authority can be an important part of your financial security.

CSAC Excess Insurance Authority provides you with Basic Life Insurance coverage and Accidental Death and Dismemberment Insurance in the following amounts:

- Class 1: Elected Officials - \$15,000
- Class 2: All full-time employees under PANS, IBEW, APOA, IAFF, and ACEA (except ACEA employees hired at Alameda Housing Authority prior to October 1, 2002) - \$50,000
- Class 3: All full-time employees under MCEA, 3APT, EXME, AFMA and APMA - \$100,000

Benefit amounts reduce to 65% of original coverage at age 75, and to 50% of original coverage at age 80.

Eligible employees may apply for more coverage in the Supplemental Group Term Life Insurance program.

Your Life Insurance Benefit Includes	
<b>Convenient Payroll Deductions</b>	<i>(Applicable for Supplemental Life Only)</i> Since deductions are taken directly from your paycheck, you never have to worry about late payments or lapse notices.
<b>“Take it With You”</b>	<i>(Applicable for Supplemental Life Only)</i> The portability option allows for continued coverage that can help protect your family even when your current employment ends.
<b>Waiver of Premium</b>	If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.
<b>Accelerated Benefit</b>	You may collect a portion of your death benefit (typically 75%) while you are living, if you are diagnosed with a terminal condition with a limited life expectancy under twelve months (may vary by state).

Refer to the information on the following pages to learn more about Supplemental Group Term Life Insurance options and determine your coverage cost.

## Supplemental Term Life Insurance Coverage Options

	For You	For Your Spouse	For Your Child(ren)
<b>Eligibility</b>	All active employees working 20+ hours per week.	Coverage is available only if Employee Supplemental Life Insurance is elected.	Coverage is available only if Employee Supplemental Life Insurance is elected.
<b>Coverage Options</b>	\$10,000 to \$500,000 in \$10,000 increments.	\$5,000 to \$100,000 in \$5,000 increments. Coverage is limited to 100% of the total amount of Employee Supplemental Life Insurance coverage.	\$10,000 on your children age 6 months to age 26 years. Children age 14 days but less than 6 months are covered for \$1,000.
<b>Guaranteed Issue Offer*</b>	<b>New Hire</b> – You can elect up to \$240,000 of coverage (\$10,000 age 70 and over) during the initial eligibility period without providing proof of good health.	<b>New Hire</b> – You can elect up to \$30,000 of coverage during the initial eligibility period without providing proof of good health on your spouse.	<b>New Hire</b> – You can elect coverage during the initial eligibility period without providing proof of good health on your children.
<b>Supplemental Accidental Death &amp; Dismemberment Insurance</b>	Coverage is available in an amount equal to Employee Supplemental Life Insurance.	Coverage in an amount equal to the approved Spouse Supplemental Life Insurance.	Not applicable.
<b>Age Reduction(s)</b>	Benefit amounts reduce to 65% of original coverage at age 65, and to 50% of original coverage at age 70.	Benefit amounts reduce to 65% of original coverage at spouse age 65, and to 50% of original coverage at spouse age 70.	Not applicable.

The term “spouse” as used in this summary includes a domestic partner or civil union partner as described in the certificate of insurance or riders.

Contact your employer if you have questions about the definition of “child” for your plan.

Accidental Death & Dismemberment coverage has exclusions that are described in the certificate of insurance or riders.

\*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, or you submit an application for coverage more than 31 days after the date you become eligible. Proof of good health is subject to approval by the insurance company.

## Insurance Rate Information and Premium Calculator

The cost is calculated based on the age of the employee or spouse at the start of the plan's current policy year.

The rates shown are guaranteed until 06/30/2017.

### Employee and Spouse Supplemental Life Insurance Rates

Age	Monthly Cost per \$1,000 of Coverage
Under 25	\$0.032
25-29	\$0.032
30-34	\$0.044
35-39	\$0.069
40-44	\$0.113
45-49	\$0.198
50-54	\$0.332
55-59	\$0.588
60-64	\$0.922
65-69	\$1.675
70-74	\$3.552
75 +	\$3.553

### Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

Coverage type	Monthly Cost per \$1,000 of Coverage
Employee Supplemental AD&D	\$0.025

### Children Life Insurance Rates

Coverage Levels	Monthly Cost
\$10,000 each child	\$2.00

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

Supplemental Life Insurance	For You	For Your Spouse	For Your Children
<b>Step 1:</b> Select the amount of insurance you want	\$	\$	\$
<b>Step 2:</b> Divide this number by \$1,000	\$	\$	N/A
<b>Step 3:</b> Enter the rate from the table(s) above	\$	\$	(C) \$
<b>Step 4:</b> Multiply Step #2 by Step #3	(A) \$	(B) \$	N/A
<b>Step 5:</b> Add (A), (B), and (C) for the Total Monthly Premium	\$		

Supplemental AD&D Insurance	For You
<b>Step 6:</b> Select the amount of insurance you want	\$
<b>Step 7:</b> Divide this number by \$1,000	\$
<b>Step 8:</b> Enter the rate from the table(s) above	\$
<b>Step 9:</b> Multiply Step #7 by Step #8	(A) \$
<b>Step 10:</b> Add (A), (B), and (C) for the Total Monthly Premium	\$

<b>Total Monthly Premium - Add Step 5 and Step 10</b>	\$
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This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Policy form LP00GP (may vary by state).

LG12171 Group #31640-7, Acct # 158, 08/26/2015

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### CSAC Excess Insurance Authority City of Alameda, Account 158

**Taking advantage of insurance offered at the workplace just makes sense.  
It's convenient and affordable.**

Disability Income coverage provides benefits to replace a portion of your lost income if you have a sickness or injury and are unable to work. **Long Term (Monthly) Income Benefits** help provide you financial support that will fill the gap between expenses and income for an extended period of disability.

Long Term Disability (Monthly) Income Benefits																							
<b>Eligibility</b>	All full-time Department Heads (EXME & 3APT) and All other full-time employees excluding Sworn Policy Department & Sworn Fire Department.																						
<b>For You</b>	Your employer provides a base amount of coverage to all eligible employees, which replaces up to 66.67% of your eligible income during disability following a waiting period.																						
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Minimum Benefit = \$100</li> <li>• Maximum Benefit for Class 1: All full-time Department Heads (EXME &amp; 3APT) = \$8,000</li> <li>• Maximum Benefit for Class 2: All other full-time employees excluding Sworn Policy Department &amp; Sworn Fire Department = \$1,667</li> <li>• Benefit Waiting Period = 90 days</li> </ul>																						
<b>Maximum Period of Payment</b>	<table border="0"> <thead> <tr> <th><b>Age at Disability</b></th> <th><b>Maximum Benefit Period</b></th> </tr> </thead> <tbody> <tr> <td>Less than age 61.....</td> <td>to age 65</td> </tr> <tr> <td>61 but less than 62.....</td> <td>48 months</td> </tr> <tr> <td>62 but less than 63.....</td> <td>42 months</td> </tr> <tr> <td>63 but less than 64.....</td> <td>36 months</td> </tr> <tr> <td>64 but less than 65.....</td> <td>30 months</td> </tr> <tr> <td>65 but less than 66.....</td> <td>24 months</td> </tr> <tr> <td>66 but less than 67.....</td> <td>21 months</td> </tr> <tr> <td>67 but less than 68.....</td> <td>18 months</td> </tr> <tr> <td>68 but less than 69.....</td> <td>15 months</td> </tr> <tr> <td>69 and over.....</td> <td>12 months</td> </tr> </tbody> </table>	<b>Age at Disability</b>	<b>Maximum Benefit Period</b>	Less than age 61.....	to age 65	61 but less than 62.....	48 months	62 but less than 63.....	42 months	63 but less than 64.....	36 months	64 but less than 65.....	30 months	65 but less than 66.....	24 months	66 but less than 67.....	21 months	67 but less than 68.....	18 months	68 but less than 69.....	15 months	69 and over.....	12 months
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This is a summary of benefits only. A complete description of benefits and limitations will be provided in the certificate of coverage, policy form HP08GP (may vary by state). Underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies.

(v. 04/30/2014) Group #31640-7, Acct # 158, 11/17/2014