



Voluntary Life and Accidental Death and Dismemberment (AD&D) 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. AD&D insurance can provide you and your family with extra protection in the event of death or dismemberment as a result of a covered accident. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through University of Florida.

Eligibility Requirements

- Employee**
 - You must be an active employee of University of Florida or a resident or intern of University of Florida College of Veterinary Medicine and working at least 20 hours each week or appointed for at least 9 months per year working at least 20 hours each week.
 - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- Dependent**
 - You must elect Voluntary Life with AD&D insurance for yourself in order to elect Dependents Life with AD&D insurance
 - Spouse means a person to whom you are legally married, or your domestic partner as recognized by law
 - Child means your child from live birth through the end of the calendar year in which your child reaches age 26
 - 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 Voluntary Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
Employee	Under age 76 \$10,000	\$10,000	\$300,000	\$800,000
	Age 76 or over \$10,000			
Spouse	\$5,000	\$5,000	\$50,000	\$400,000
Child	\$5,000	\$5,000	\$25,000	\$25,000

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval, unless you apply for an increase during an annual enrollment period.
- To submit a medical history statement online, visit: <http://www.standard.com/mhs>.
- 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.
- If your family status changes, you may have the ability to apply for coverage or increase your coverage for a limited time without having to submit a medical history.
- The coverage amount for your spouse cannot exceed 100 percent of your Life coverage.
- The coverage amount for your child(ren) cannot exceed 100 percent of your Life coverage.

Annual Enrollment

During University of Florida's annual enrollment period certain evidence of insurability requirements will be waived with respect to Life insurance and Dependents Life insurance. However, we will not waive the evidence of insurability requirements if you previously submitted evidence of insurability for life insurance that was not approved by us under any group life insurance policy issued by us to the Policyholder or covering your Employer.

- If you are eligible, but not currently enrolled in Voluntary Life insurance, you may elect coverage in the amount of \$10,000, without having to submit evidence of insurability.
- If you are currently enrolled in Voluntary Life insurance for an amount less than \$800,000 you may elect to increase your coverage amount by one unit (\$10,000) each year, without having to submit evidence of insurability.
- If your spouse and children are eligible, but not currently enrolled in Dependents Life, you may elect coverage in the amount of \$5,000, without having to submit evidence of insurability
- If your spouse or children are currently enrolled in Dependents Life for an amount less than the maximum amount available, you may elect to increase their coverage amount by one unit (\$5,000) each year without having to submit evidence of insurability.

Coverage Amount Needed

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Voluntary 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 above, 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 and AD&D Age Reductions

At age 76 your coverage amount is reduced to a \$10,000 benefit.

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 is subject to state variations.

Life Insurance Features and Benefits

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

Waiver of Premium	If you become totally disabled while insured under this plan and under age 75, and complete a waiting period of 180 days, your Life insurance may continue without premium payment until age 99 provided you give us satisfactory proof that you remain totally disabled. Waiver of Premium does not apply to AD&D insurance.
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your Life insurance benefit to a maximum of \$500,000.
Portability	If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
Conversion	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.

Voluntary AD&D Insurance Benefit Schedule

The amount of the Voluntary AD&D benefit for loss of your, or your dependents, life is equal to the amount payable for your Voluntary Life or your Dependents Life benefit on the date of the accident. The amount of the Voluntary AD&D benefit for other covered losses is a percentage of the amount payable for the Voluntary AD&D benefit on the date of the accident as shown below.

Loss:	Percentage Payable:
Loss of Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech, or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

¹ Including loss of life by accidental exposure to adverse weather conditions or disappearance if the disappearance is caused by an accident that could have reasonably resulted in your death.

² Even if the severed part is surgically re-attached. This benefit is not payable if a Voluntary AD&D benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving the same hand or foot.

³ This benefit is not payable if a Voluntary AD&D benefit is payable for the loss of the entire hand.

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Voluntary AD&D Insurance Exclusions

Subject to state variations, AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Insurance Ends

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The last day of the calendar month in which your employment terminates
- The date 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
- For Voluntary AD&D insurance for you, the date your Voluntary life insurance ends

In addition to the above requirements, your Dependents Life with AD&D 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, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. 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 and Spouse Rates

If you elect Voluntary Life with AD&D insurance or Dependents Life with AD&D insurance for your spouse, your monthly rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Note: Spouse rates are based on the employee's age.

Non-Smoker Monthly Premiums (12thly rates):

Employee's Age	Non-Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Non-Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Non-Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Non-Smoker Rate (Per \$1000 of Total Coverage)
15-38	\$0.078	49	\$0.193	60	\$0.548	71	\$1.399
39	\$0.096	50	\$0.202	61	\$0.575	72	\$1.541
40	\$0.105	51	\$0.229	62	\$0.628	73	\$1.656
41	\$0.105	52	\$0.238	63	\$0.672	74	\$1.780
42	\$0.105	53	\$0.273	64	\$0.725	75	\$1.789
43	\$0.123	54	\$0.309	65	\$0.805	76	\$1.807
44	\$0.123	55	\$0.344	66	\$0.876	77	\$1.843
45	\$0.140	56	\$0.371	67	\$0.974	78	\$1.993
46	\$0.158	57	\$0.415	68	\$1.062	79	\$2.135
47	\$0.167	58	\$0.451	69	\$1.160	80+	\$2.312
48	\$0.176	59	\$0.486	70	\$1.284		

* Monthly AD&D rate of \$0.025 per \$1,000 of AD&D benefit has been included in each of the above rates.

Non-Smoker Monthly Premiums (8thly rates):

Employee's Age	Non-Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Non-Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Non-Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Non-Smoker Rate (Per \$1000 of Total Coverage)
15-38	\$0.118	49	\$0.291	60	\$0.823	71	\$2.099
39	\$0.144	50	\$0.304	61	\$0.863	72	\$2.312
40	\$0.158	51	\$0.344	62	\$0.942	73	\$2.485
41	\$0.158	52	\$0.357	63	\$1.009	74	\$2.671
42	\$0.158	53	\$0.410	64	\$1.089	75	\$2.685
43	\$0.184	54	\$0.464	65	\$1.208	76	\$2.711
44	\$0.184	55	\$0.517	66	\$1.315	77	\$2.764
45	\$0.211	56	\$0.557	67	\$1.461	78	\$2.990
46	\$0.237	57	\$0.623	68	\$1.594	79	\$3.203
47	\$0.251	58	\$0.676	69	\$1.740	80+	\$3.469
48	\$0.264	59	\$0.730	70	\$1.926		

* Monthly AD&D rate of \$0.038 per \$1,000 of AD&D benefit has been included in each of the above rates.

Smoker Monthly Premiums (12thly rates):

Employee's Age	Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Smoker Rate (Per \$1000 of Total Coverage)
15-38	\$0.114	49	\$0.406	60	\$1.000	71	\$2.171
39	\$0.167	50	\$0.415	61	\$1.062	72	\$2.374
40	\$0.176	51	\$0.468	62	\$1.142	73	\$2.570
41	\$0.193	52	\$0.513	63	\$1.240	74	\$2.765
42	\$0.202	53	\$0.566	64	\$1.346	75	\$2.268
43	\$0.254	54	\$0.637	65	\$1.373	76	\$2.570
44	\$0.256	55	\$0.681	66	\$1.488	77	\$2.756
45	\$0.282	56	\$0.725	67	\$1.635	78	\$3.007
46	\$0.300	57	\$0.814	68	\$1.798	79	\$3.190
47	\$0.344	58	\$0.894	69	\$1.976	80+	\$3.456
48	\$0.371	59	\$0.965	70	\$1.984		

* Monthly AD&D rate of \$0.025 per \$1,000 of AD&D benefit has been included in each of the above rates.

Smoker Monthly Premiums (8thly rates):

Employee's Age	Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Smoker Rate (Per \$1000 of Total Coverage)	Employee's Age	Smoker Rate (Per \$1000 of Total Coverage)
15-38	\$0.171	49	\$0.610	60	\$1.501	71	\$3.256
39	\$0.251	50	\$0.623	61	\$1.594	72	\$3.562
40	\$0.264	51	\$0.703	62	\$1.714	73	\$3.855
41	\$0.291	52	\$0.769	63	\$1.860	74	\$4.147
42	\$0.304	53	\$0.849	64	\$2.020	75	\$3.403
43	\$0.370	54	\$0.956	65	\$2.059	76	\$3.855
44	\$0.384	55	\$1.022	66	\$2.232	77	\$4.134
45	\$0.424	56	\$1.089	67	\$2.498	78	\$4.467
46	\$0.450	57	\$1.222	68	\$2.698	79	\$4.786
47	\$0.517	58	\$1.341	69	\$2.964	80+	\$5.185
48	\$0.557	59	\$1.448	70	\$2.977		

* Monthly AD&D rate of \$0.038 per \$1,000 of AD&D benefit has been included in each of the above rates.

To calculate your payroll deduction:

1. Amount Elected: Write this amount on the 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. Line 4: _____
5. **For 12-month employees;**
Multiply Line 4 by 12 and divide by 24. The amount on Line 5 is your estimated semi-monthly payroll deduction. Line 5: _____
6. **For 8-month employees;**
Multiply Line 4 by 12 and divide by 16. The amount on Line 6 is your estimated eighthly payroll deduction. Line 6: _____

Child Rates

Monthly Premiums (12thly rates):

If you elect Dependents Life with AD&D insurance for your eligible child(ren), your monthly rate for this coverage is \$0.210* per \$1,000, regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

* Monthly AD&D rate of \$0.050 per \$1,000 of AD&D benefit has been included in the above rate.

Monthly Premiums (8thly rates):

If you elect Dependents Life with AD&D insurance for your eligible child(ren), your monthly rate for this coverage is \$0.315* per \$1,000, regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

* Monthly AD&D rate of \$0.075 per \$1,000 of AD&D benefit has been included in the above rate.



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**.

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

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

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