



**Optional 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 State of Oregon.

**Eligibility Requirements**

**Employee**

- Active employees must be insured for Basic Life through The Standard. Retirees are not required to be insured for Basic Life through The Standard.
- You must be:
  - an active employee of State of Oregon regularly scheduled to work who meets the terms of eligibility for insurance outlined in the Public Employees’ Benefit Board Administrative Rules; or
  - a retiree who retired under State of Oregon’s retirement plan
- Full-time members of the armed forces are not eligible
- You can be insured as both an employee and a dependent

**Dependent**

- Retirees are not eligible for Basic or Optional Dependents Life insurance
- If you are an active employee, you may elect Basic Dependents Life insurance for your spouse and/or children.
- If you are an active employee, you may elect Optional Dependents Life insurance for your spouse
- Spouse means a person to whom you are legally married or your domestic partner as recognized by law
- Child means any child who meets the terms of eligibility outlined in the Public Employees’ Benefit Board Administrative Rules. A child of a Domestic Partner is entitled to the same benefits as a child of an employee or an employee’s spouse.
- Your child can be insured by more than one employee
- 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 Optional Life and Basic/Optional Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
<b>Active Employee</b>	\$20,000	\$20,000	\$100,000	\$600,000
<b>Retiree</b>	\$2,500	\$2,500	\$100,000	\$200,000*
<b>Optional Spouse</b>	\$20,000	\$20,000	\$20,000	\$400,000
<b>Basic Spouse</b>	\$5,000	n/a	\$5,000	\$5,000
<b>Basic Child</b>	\$5,000	n/a	\$5,000	\$5,000

\*May not exceed 50% of the combined Basic and Optional Life insurance in effect on the day before retirement.

**Coverage Amount Guidelines - Continued**

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: [https://www3.standard.com/w/PA\\_AmuBridgeWeb/MuServlet?id=eb55d8045567ae8f97ac856035453031](https://www3.standard.com/w/PA_AmuBridgeWeb/MuServlet?id=eb55d8045567ae8f97ac856035453031)
- All late applications (applying 30 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.

**Coverage Amount Needed**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Optional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: [https://www.standard.com/mybenefits/pebb/needs\\_life.html](https://www.standard.com/mybenefits/pebb/needs_life.html)

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period if you are an elected or appointed official, 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 agency or university representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

**Life Age Reductions**

Under this plan:

- If you are an active employee, your coverage amount will not be reduced because of your age.
- If you are a retiree, your coverage amount reduces by your age as follows: by 35 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75. If you are age 65 or over, ask your agency or university 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 is subject to state variations.

**Life Insurance Features and Benefits**

Please see your agency or university representative for additional information about the features and benefits below.

<b>Waiver of Premium</b>	For active employees only, if you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Optional Life insurance may continue without premium payment provided you give us satisfactory proof that you remain totally disabled.
<b>Accelerated Benefit</b>	For active employees only, if you or your spouse become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Optional Life benefit to a maximum of \$450,000.
<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 last date the last period ends for which a premium was paid
- The last day of the calendar month in which your employment terminates unless you are covered as a retiree\*
- The last day of the calendar month in which 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 agency or university representative.

\*If premium payment for the next calendar month is made prior to the date your employment terminates or prior to the date you cease to meet eligibility requirements, insurance will end on the last day of the calendar month following the month in which your employment terminates or you cease to be a member.

**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 Rates**

If you elect Optional Life insurance, your monthly rate for this plan is indicated in the tables below. If you are an active employee, premiums for this coverage will be deducted directly from your paycheck.

Active Employees:

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)	
	Non-Tobacco	Tobacco
<25	\$0.042	\$0.067
25-29	\$0.050	\$0.078
30-34	\$0.065	\$0.101
35-39	\$0.072	\$0.111
40-44	\$0.079	\$0.122
45-49	\$0.124	\$0.187
50-54	\$0.183	\$0.275
55-59	\$0.347	\$0.504
60-64	\$0.539	\$0.777
65-69	\$1.045	\$1.460
70-74	\$1.712	\$2.300
75+	\$1.722	\$2.300

To calculate your 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. Line 4: \_\_\_\_\_

Retirees:

Retiree's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)	
	Non-Tobacco	Tobacco
<50	\$0.270	\$0.270
50-54	\$0.405	\$0.405
55-59	\$0.495	\$0.495
60-64	\$0.675	\$0.675
65-69	\$1.350	\$1.350
70-74	\$2.250	\$2.250
75-79	\$3.375	\$3.375
80-84	\$5.130	\$5.130
85+	\$7.380	\$7.380

To calculate your 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. Line 4: \_\_\_\_\_

**Dependent Rates**

If you elect Dependents Life insurance for your eligible spouse and/or child(ren), your monthly rate for this coverage is \$1.29 regardless of the number of eligible dependents covered. Premiums for this coverage will be deducted directly from your paycheck.

If you elect Optional Dependents Life insurance for your spouse, your 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 \$1000 of Total Coverage)	
	Non-Tobacco	Tobacco
<25	\$0.042	\$0.067
25-29	\$0.050	\$0.078
30-34	\$0.065	\$0.101
35-39	\$0.072	\$0.111
40-44	\$0.079	\$0.122
45-49	\$0.124	\$0.187
50-54	\$0.183	\$0.275
55-59	\$0.347	\$0.504
60-64	\$0.539	\$0.777
65-69	\$1.045	\$1.460
70-74	\$1.712	\$2.300
75+	\$1.722	\$2.300

To calculate your 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. Line 4: \_\_\_\_\_



### **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