



**Standard Insurance Company**  
**Additional Life Coverage Highlights**  
County of Riverside

### Additional 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 has developed this document to provide you with information about the elective coverage you may select through the County of Riverside.

### Eligibility Requirements

- Employee**
- You must be insured for Basic Life through The Standard
  - You must be an active, full-time employee of County of Riverside who is covered by a LIUNA or SEIU Memorandum of Understanding and regularly working at least 20 hours each week
  - Per-diem employees, temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- Dependent**
- You must elect Additional Life insurance for yourself in order to elect Dependent's Life insurance
  - Spouse means a person to whom you are legally married or your domestic partner as recognized under California law
  - Child means your child from live birth through age 25
  - Your spouse or children must not be full-time member(s) of the armed forces
- Premium**
- You pay 100% 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 Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
<b>Employee</b>	\$10,000	\$10,000	\$250,000	\$600,000*
<b>Spouse</b>	\$5,000	\$5,000	\$20,000	\$100,000

\*Your maximum coverage amount may not exceed 7 times your annual earnings rounded to the next lower multiple of \$10,000, if not already a multiple of \$10,000.

<b>Child</b>	<b>Coverage Amount: You may elect one of the following options:</b>			
	Option 1	Option 2	Option 3	Option 4
	\$5,000	\$10,000	\$15,000	\$20,000

Note:

- Amounts of coverage elected above the guarantee issue amount are subject to medical underwriting approval.
- All late applications (applying more than 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 you elect coverage that requires you to submit a medical history statement online, the link will be displayed during the enrollment process or you will receive an invitation to apply message from The Standard at the email address we have on record after the enrollment period closes. There will be a link and log in instructions within the email.
- The coverage amount for your spouse cannot exceed 100% of your combined Basic and Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100% of your combined Basic and Additional Life coverage.

**Newly Eligible Employees**

**Additional Life insurance:** If you apply within 60 days after first becoming eligible for coverage, you may elect up to the lesser of \$600,000 and 7 times your annual earnings of Additional Life insurance for yourself. However, medical underwriting approval will be required to become insured for amounts of Additional Life insurance in excess of the guarantee issue amount of \$250,000.

**Spouse Dependents Life insurance:** If you apply within 60 days after first becoming eligible for Dependents Life insurance, you may elect up to \$100,000 of Dependents Life coverage for your eligible spouse. However, medical underwriting approval will be required to become insured for amounts of Dependents Life insurance in excess of the guarantee issue amount of \$20,000.

**Child Dependents Life insurance:** You may elect \$5,000, \$10,000, \$15,000 or \$20,000 of Dependents Life insurance for your eligible child(ren). Medical underwriting approval is never required for children.

**Annual Enrollment**

During your employer's annual enrollment period:

- If you are currently enrolled in Additional Life insurance, you may elect to increase your coverage by up to two units of \$10,000, without submitting medical history, even if this would cause your Additional Life insurance to exceed the guarantee issue amount. Any additional amount elected over \$20,000 will be subject to medical underwriting approval.
- If your spouse is currently enrolled in Dependents Life insurance, you may elect to increase coverage for your spouse by up to two units of \$5,000, without submitting medical history, even if this would cause your spouse's Dependents Life insurance to exceed the guarantee issue amount. Any additional amount elected over \$10,000 will be subject to medical underwriting approval.
- If your child is currently enrolled in Dependents Life insurance, you may elect to increase coverage. If your child is not enrolled in Dependents Life insurance, then you may elect \$5,000, \$10,000, \$15,000 or \$20,000 of Dependents Life insurance for your eligible child(ren). Medical underwriting approval is never required for children.
- If you are not currently enrolled in Additional Life or Dependents Life insurance for your spouse, any amount elected will be 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 Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at [standard.com/life/needs](http://standard.com/life/needs).

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed on the previous page, 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 human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

**Life Insurance Age Reductions**

Under this plan, your coverage amount reduces by your age as follows: by 35% at age 65 and by 50% at age 70.

Your spouse's coverage amount reduces by your age as follows: by 35% at age 65 and by 50% at age 70.

If you are age 65 or over, ask your human resources 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 suicide exclusion also applies to your dependents and is subject to state variations. Review your group insurance certificate for more detailed information.

**Life Insurance Features and Benefits**

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

<b>Waiver of Premium</b>	If you become totally disabled while insured under this plan, are under age 60 and complete a waiting period of 180 days, your Life insurance may continue without premium payment until age 65 provided you give us satisfactory proof that you remain totally disabled.
<b>Accelerated Benefit</b>	If you become terminally ill, you may be eligible to receive up to 75% of your combined Basic and Additional Life benefit to a maximum of \$500,000.
<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 date the last period ends for which a premium was paid
- The last day of the calendar month in which your employment terminates
- The last day of the calendar month 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 human resources representative.

**Group Insurance Certificate**

If coverage becomes effective and you become insured, a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events, is available at [benefits.rc-hr.com](http://benefits.rc-hr.com). 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 Life Semimonthly Premiums**

Coverage Amount	Your Age as of Jan. 1								
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70+*
\$10,000	0.25	0.36	0.58	0.94	1.59	2.52	3.13	3.84	2.95
\$20,000	0.50	0.72	1.15	1.87	3.17	5.04	6.26	7.68	5.91
\$30,000	0.75	1.08	1.73	2.81	4.76	7.56	9.39	11.51	8.86
\$40,000	1.00	1.44	2.30	3.74	6.34	10.08	12.52	15.35	11.81
\$50,000	1.25	1.80	2.88	4.68	7.93	12.60	15.65	19.19	14.76
\$60,000	1.50	2.16	3.45	5.61	9.51	15.12	18.78	23.03	17.72
\$70,000	1.75	2.52	4.03	6.55	11.10	17.64	21.91	26.87	20.67
\$80,000	2.00	2.88	4.60	7.48	12.68	20.16	25.04	30.71	23.62
\$90,000	2.25	3.24	5.18	8.42	14.27	22.68	28.17	34.54	26.57
\$100,000	2.50	3.60	5.75	9.35	15.85	25.20	31.30	38.38	29.53
\$110,000	2.75	3.96	6.33	10.29	17.44	27.72	34.43	42.22	32.48
\$120,000	3.00	4.32	6.90	11.22	19.02	30.24	37.56	46.06	35.43
\$130,000	3.25	4.68	7.48	12.16	20.61	32.76	40.69	49.90	38.38
\$140,000	3.50	5.04	8.05	13.09	22.19	35.28	43.82	53.74	41.34
\$150,000	3.75	5.40	8.63	14.03	23.78	37.80	46.95	57.57	44.29
\$160,000	4.00	5.76	9.20	14.96	25.36	40.32	50.08	61.41	47.24
\$170,000	4.25	6.12	9.78	15.90	26.95	42.84	53.21	65.25	50.19
\$180,000	4.50	6.48	10.35	16.83	28.53	45.36	56.34	69.09	53.15
\$190,000	4.75	6.84	10.93	17.77	30.12	47.88	59.47	72.93	56.10
\$200,000	5.00	7.20	11.50	18.70	31.70	50.40	62.60	76.77	59.05
\$210,000	5.25	7.56	12.08	19.64	33.29	52.92	65.73	80.60	62.00
\$220,000	5.50	7.92	12.65	20.57	34.87	55.44	68.86	84.44	64.96
\$230,000	5.75	8.28	13.23	21.51	36.46	57.96	71.99	88.28	67.91
\$240,000	6.00	8.64	13.80	22.44	38.04	60.48	75.12	92.12	70.86
\$250,000	6.25	9.00	14.38	23.38	39.63	63.00	78.25	95.96	73.81
\$260,000	6.50	9.36	14.95	24.31	41.21	65.52	81.38	99.79	76.77
\$270,000	6.75	9.72	15.53	25.25	42.80	68.04	84.51	103.63	79.72
\$280,000	7.00	10.08	16.10	26.18	44.38	70.56	87.64	107.47	82.67
\$290,000	7.25	10.44	16.68	27.12	45.97	73.08	90.77	111.31	85.62
\$300,000	7.50	10.80	17.25	28.05	47.55	75.60	93.90	115.15	88.58
\$310,000	7.75	11.16	17.83	28.99	49.14	78.12	97.03	118.99	91.53
\$320,000	8.00	11.52	18.40	29.92	50.72	80.64	100.16	122.82	94.48
\$330,000	8.25	11.88	18.98	30.86	52.31	83.16	103.29	126.66	97.43
\$340,000	8.50	12.24	19.55	31.79	53.89	85.68	106.42	130.50	100.39
\$350,000	8.75	12.60	20.13	32.73	55.48	88.20	109.55	134.34	103.34
\$360,000	9.00	12.96	20.70	33.66	57.06	90.72	112.68	138.18	106.29
\$370,000	9.25	13.32	21.28	34.60	58.65	93.24	115.81	142.02	109.24
\$380,000	9.50	13.68	21.85	35.53	60.23	95.76	118.94	145.85	112.20
\$390,000	9.75	14.04	22.43	36.47	61.82	98.28	122.07	149.69	115.15
\$400,000	10.00	14.40	23.00	37.40	63.40	100.80	125.20	153.53	118.10
\$410,000	10.25	14.76	23.58	38.34	64.99	103.32	128.33	157.37	121.05
\$420,000	10.50	15.12	24.15	39.27	66.57	105.84	131.46	161.21	124.01
\$430,000	10.75	15.48	24.73	40.21	68.16	108.36	134.59	165.04	126.96
\$440,000	11.00	15.84	25.30	41.14	69.74	110.88	137.72	168.88	129.91
\$450,000	11.25	16.20	25.88	42.08	71.33	113.40	140.85	172.72	132.86
\$460,000	11.50	16.56	26.45	43.01	72.91	115.92	143.98	176.56	135.82
\$470,000	11.75	16.92	27.03	43.95	74.50	118.44	147.11	180.40	138.77
\$480,000	12.00	17.28	27.60	44.88	76.08	120.96	150.24	184.24	141.72
\$490,000	12.25	17.64	28.18	45.82	77.67	123.48	153.37	188.07	144.67
\$500,000	12.50	18.00	28.75	46.75	79.25	126.00	156.50	191.91	147.63

\*Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Employee Life Semimonthly Premiums (Continued)**

Coverage Amount	Your Age as of Jan. 1								
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70+*
\$510,000	12.75	18.36	29.33	47.69	80.84	128.52	159.63	195.75	150.58
\$520,000	13.00	18.72	29.90	48.62	82.42	131.04	162.76	199.59	153.53
\$530,000	13.25	19.08	30.48	49.56	84.01	133.56	165.89	203.43	156.48
\$540,000	13.50	19.44	31.05	50.49	85.59	136.08	169.02	207.27	159.44
\$550,000	13.75	19.80	31.63	51.43	87.18	138.60	172.15	211.10	162.39
\$560,000	14.00	20.16	32.20	52.36	88.76	141.12	175.28	214.94	165.34
\$570,000	14.25	20.52	32.78	53.30	90.35	143.64	178.41	218.78	168.29
\$580,000	14.50	20.88	33.35	54.23	91.93	146.16	181.54	222.62	171.25
\$590,000	14.75	21.24	33.93	55.17	93.52	148.68	184.67	226.46	174.20
\$600,000	15.00	21.60	34.50	56.10	95.10	151.20	187.80	230.30	177.15

\*Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Spouse Dependents Life Semimonthly Premiums**

Coverage Amount	Your Age as of Jan. 1								
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70+*
\$5,000	0.13	0.18	0.29	0.47	0.79	1.26	1.57	1.92	1.48
\$10,000	0.25	0.36	0.58	0.94	1.59	2.52	3.13	3.84	2.95
\$15,000	0.38	0.54	0.86	1.40	2.38	3.78	4.70	5.76	4.43
\$20,000	0.50	0.72	1.15	1.87	3.17	5.04	6.26	7.68	5.91
\$25,000	0.63	0.90	1.44	2.34	3.96	6.30	7.83	9.60	7.38
\$30,000	0.75	1.08	1.73	2.81	4.76	7.56	9.39	11.51	8.86
\$35,000	0.88	1.26	2.01	3.27	5.55	8.82	10.96	13.43	10.33
\$40,000	1.00	1.44	2.30	3.74	6.34	10.08	12.52	15.35	11.81
\$45,000	1.13	1.62	2.59	4.21	7.13	11.34	14.09	17.27	13.29
\$50,000	1.25	1.80	2.88	4.68	7.93	12.60	15.65	19.19	14.76
\$55,000	1.38	1.98	3.16	5.14	8.72	13.86	17.22	21.11	16.24
\$60,000	1.50	2.16	3.45	5.61	9.51	15.12	18.78	23.03	17.72
\$65,000	1.63	2.34	3.74	6.08	10.30	16.38	20.35	24.95	19.19
\$70,000	1.75	2.52	4.03	6.55	11.10	17.64	21.91	26.87	20.67
\$75,000	1.88	2.70	4.31	7.01	11.89	18.90	23.48	28.79	22.14
\$80,000	2.00	2.88	4.60	7.48	12.68	20.16	25.04	30.71	23.62
\$85,000	2.13	3.06	4.89	7.95	13.47	21.42	26.61	32.63	25.10
\$90,000	2.25	3.24	5.18	8.42	14.27	22.68	28.17	34.54	26.57
\$95,000	2.38	3.42	5.46	8.88	15.06	23.94	29.74	36.46	28.05
\$100,000	2.50	3.60	5.75	9.35	15.85	25.20	31.30	38.38	29.53

\*Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Child Dependents Life Semimonthly Premiums\***

Coverage Amount	Premium
\$5,000	0.36
\$10,000	0.72
\$15,000	1.08
\$20,000	1.44

\*Regardless of the number of eligible children covered.



### **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. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at [standard.com](http://standard.com).

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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