



Your Optional Term Life and AD&D Benefits Guide

Enroll Now To Help Secure Your Financial Future



School District No. 1 Health and Welfare Trust

Optional Term Life and AD&D Insurance Benefits

Protect What Matters Most

Building a financial safety net is important. It can also be easy if you take advantage of the benefits the Trust offers. Take a few minutes now to explore your options and help protect your future and your loved ones. By enrolling in valuable insurance coverage from Standard Insurance Company – at affordable group rates – you can close key gaps in your financial safety net.

You Can Count On The Standard

Your employer trusts The Standard, and you can too. Founded in 1906, The Standard has been keeping promises for more than 100 years. They specialize in employee benefits and offer plans designed to help give you peace of mind. Doing the right thing for their customers is in their DNA. Whether you have a question or need to file a claim, they are easy to reach and ready to help – online or on the phone.

Act Now To Protect Yourself And Those You Love

As you explore your benefit options, think about what – and who – is important to you, now and in the future. You may also want to plan ahead to take care of financial responsibilities. Read on to learn more reasons to enroll. Then refer to the Coverage Highlights on the Trust website at www.sdtrust.com/benefits-summary.html for the details of each plan.

Optional Term Life Insurance – Plan Ahead For Peace Of Mind

It's not easy to think about, but what would happen to your loved ones if something happened to you? Or, how would you cope if a family member died? An unexpected death could leave your family with significant extra expenses, including final medical and funeral costs, on top of ongoing bills and possible loss of income.

How much Life insurance is enough?

Refer to the Coverage Highlights to learn more about the Optional Term Life insurance coverage available through your employer. To help determine your needs, use our simple Life Insurance Calculator, available at www.standard.com/calculators/life.html.

Voluntary Accidental Death & Dismemberment Insurance

Few people are prepared for the sudden financial loss brought on by an accidental death. Even fewer are financially prepared for the high cost of living after an accident results in a severe physical loss or death. The Standard AD&D insurance is designed to pay a benefit if you or any other covered family member have an accident that results in a covered loss. Refer to the Coverage Highlights for more details if you are not currently enrolled.

Ready To Enroll? You'll Find The Form(s) Right Here

Now that you've reviewed your options and see how important your benefits can be, the next step is to enroll using the form(s) available on the Trust website at www.sdtrust.com. The forms can be found under the orange box titled Optional Life and Voluntary AD&D. Remember, you have a limited time to enroll, so start securing your financial future today.

After You Enroll

Once you have enrolled, your election can be confirmed by checking your paycheck. Please keep a copy of your enrollment form for your records along with a copy of the Optional Term Life and Voluntary AD&D certificates found at www.sdtrust.com.



Optional (Additional) Term 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 School District No. 1 Health and Welfare Trust.

Optional Term Life Eligibility Requirements

- Employee**
 - You must be an active PAT, PFSP, DCU or ATU employee and enrolled for coverage under the School District No. 1 Health and Welfare Trust Plan Document or an active temporary employee of who is enrolled in a medical plan provided by School District No. 1 Health and Welfare Trust, and regularly 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 Optional Term Life insurance for yourself in order to elect Dependents Life insurance
 - Spouse means a person to whom you are legally married or your qualified domestic partner
 - Child means your (a) child from live birth; (b) adopted child; (c) stepchild, or child of your Spouse/Domestic Partner (if living in your home); or (d) child living in your home for whom you are the court appointed legal guardian; who is under age 26. See your insurance certificate for complete definition.
 - 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

Optional Term Life Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Optional Term Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
Employee	\$10,000	\$10,000	\$100,000	\$500,000*
Spouse	\$10,000	\$10,000	\$30,000	\$500,000
Child	\$2,000	\$2,000	\$10,000	\$10,000

*but not to exceed 5 times your Annual Earnings

Note:

- Amounts of coverage elected above the guarantee issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: <http://www.standard.com/mhs>.
- During your annual enrollment period, if you are currently enrolled in Optional Life for an amount less than \$100,000, you may elect to increase your coverage amount by one unit (\$10,000) each year, but not exceed \$100,000, without medical underwriting approval.
- Late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval.
- The coverage amount for your spouse cannot exceed 100 percent of your Optional Term Life coverage.
- The coverage amount for your child(ren) cannot exceed 100 percent of your Optional Term Life coverage.

Family Status Change Privilege

In the event of a Family Status Change, you may enroll in Optional Life and your Spouse may be enrolled in Dependents Life coverage up to the Guarantee Issue Amounts, provided you enroll within 31 days of your Family Status Change. However, this privilege is not available if you previously submitted evidence of insurability for yourself or your spouse that was not approved by The Standard.

Family Status Change means any of the following events:

- Your marriage, divorce or dissolution of your Domestic Partner relationship or Civil Union
- The birth of your Child
- The adoption of a Child by you
- The death of your Spouse and/or Child
- The commencement or termination of your Spouse's employment
- A change in employment from full-time to part-time by you or your Spouse

Optional Term Life Coverage Amount Needed

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Optional Term Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator which can be found at: <http://www.standard.com/lifeneeds>. A hard copy is enclosed in this packet.

Optional Term Life Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed previously, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work 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 School District No. 1 Health and Welfare Trust at 844.203.0239, option 2, for more information regarding requirements that must be satisfied for your insurance to become effective.

Optional Term Life Age Reductions

Under this plan, your coverage amount reduces by your age as follows: by 19 percent at age 70, by 30 percent at age 75, by 38 percent at age 80, by 44 percent at age 85, by 47 percent at age 90 and by 49 percent at age 95.

Your spouse's coverage amount reduces by your age as follows: by 19 percent at age 70, by 30 percent at age 75, by 38 percent at age 80, by 44 percent at age 85, by 47 percent at age 90 and by 49 percent at age 95.

Optional Term 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.

Optional Term Life Insurance Features and Benefits

Waiver of Premium	If you become totally disabled while insured under this plan and under age 65, and complete a waiting period of 180 days, Optional Term Life insurance may continue without premium payment (see policy for maximum Waiver of Premium period) provided you give us satisfactory proof that you remain totally disabled.
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 80 percent of your Optional Term Life benefit to a maximum of \$500,000.
Portability	If your insurance ends because your employment terminates, or your insurance 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.

When Insurance Ends for Optional Term Life

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your participation under the School District No. 1 Health and Welfare Trust 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

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 School District No. 1 Health and Welfare Trust at 844.203.0239, option 2.

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Accidents can happen to anyone, anywhere. Voluntary AD&D insurance can provide extra protection in the event an accident happens to you. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through School District No. 1 Health and Welfare Trust.

Voluntary AD&D Eligibility Requirements

Employee

- You must be an active PAT, PFSP, DCU or ATU employee and enrolled for coverage under the School District No. 1 Health and Welfare Trust Plan Document or an active temporary employee of who is enrolled in a medical plan provided by School District No. 1 Health and Welfare Trust, and regularly 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 AD&D insurance for yourself in order to elect Dependents AD&D insurance
- Spouse means a person to whom you are legally married or your qualified domestic partner
- Child means your (a) child from live birth; (b) adopted child; (c) stepchild, or child of your Spouse/Domestic Partner (if living in your home); or (d) child living in your home for whom you are the court appointed legal guardian; who is under age 26. See your insurance certificate for complete definition
- 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

Voluntary AD&D Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Voluntary AD&D for which you are interested in applying.

	Minimum	Incremental Unit	Maximum
Employee	\$25,000	\$25,000	\$300,000

You may also elect Voluntary AD&D coverage for your family. The coverage amount for each dependent is as follows:

Spouse only	50% of your AD&D coverage amount
Child(ren) only	15% of your AD&D coverage amount for each child
Spouse and Child(ren)	40% of your AD&D coverage amount 10% of your AD&D coverage amount for each child
Note: The amount for your child may not exceed \$25,000	

Voluntary AD&D Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed previously, agree to pay premium, and be actively at work 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 AD&D 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 School District No. 1 Health and Welfare Trust at 844.203.0239, option 2, for more information regarding requirements that must be satisfied for your insurance to become effective.

Voluntary AD&D Age Reductions

Under this plan, the coverage amount reduces by 35 percent at age 70, by 55 percent at age 75, by 70 percent at age 80 and by 85 percent at age 85.

Voluntary AD&D Insurance Benefit Schedule

The amount of your or your dependent(s) AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependent(s) AD&D insurance in effect on the date of the covered accident as shown below.

Loss:	Percentage Payable:
Loss of Life	100%
One hand or one foot ¹	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 ²	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	75%
Triplegia	75%
Uniplegia	25%

¹ 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, Paraplegia, Triplegia or Uniplegia involving the same hand or foot.

² This benefit is not payable if an Additional 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
- Being under the influence of intoxicating liquor, as defined by the laws of Oregon
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft, unless you are a fare paying passenger on a commercial aircraft

Voluntary AD&D Insurance Features

The following are brief descriptions of features included in this plan. These features offer additional benefits when an AD&D benefit is payable:

Seat Belt Benefit	This provides an additional benefit if you or your dependent die as a result of a covered automobile accident while properly using a seat belt system.
Air Bag Benefit	This provides an additional benefit if you or your dependent die as a result of a covered automobile accident where an eligible air bag system deployed at the time of the accident and for which a seat belt benefit is payable.
Common Disaster Benefit	This provides an additional benefit to your child(ren) if both you and your spouse die as a result of the same accident for which an AD&D benefit is payable for the loss of both lives.
Family Benefits Package	Eligible family members may be entitled to receive additional financial help for child care, college or career training in the event of your death. Included are the Child Care Benefit, Higher Education Benefit and Career Adjustment Benefit.
Occupational Assault Benefit	This provision provides an additional benefit if you suffer death or dismemberment as a result of an act of workplace physical violence that is punishable by law.
Paralysis Benefit	This provides a portion of your AD&D benefit if you or your dependent suffer an accident that results in quadriplegia, hemiplegia, or paraplegia.
Public Transportation Benefit	This provides an additional benefit in the event of death as a result of an accident that occurs while you or your dependent are riding as a fare-paying passenger on public transportation.
Repatriation Benefit	This provides a reimbursement for expenses associated with transporting your body back to a mortuary near your home in case your death occurs away from your primary place of residence.
Adaptive Home and Vehicle Benefit	This provides an additional benefit if you or your dependent suffer an AD&D loss, other than loss of Life, as a result of an accident and within 24 months of that accident you pay to have your principal residence or automobile adapted to reasonably accommodate your AD&D Loss.

When Insurance Ends for Voluntary AD&D

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your participation under the School District No. 1 Health and Welfare Trust 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

In addition to the above requirements, your Dependents AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

Please contact School District No. 1 Health and Welfare Trust at 844.203.0239, option 2, for more information on when insurance ends.

Optional Term Life and Voluntary AD&D Certificates

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 www.sdtrust.com or by contacting School District No. 1 Health and Welfare Trust office at 844.203.0239, option 2. The controlling provisions will be in the group policy. Neither the information presented in the summary nor the certificate modifies the group policy or the insurance coverage in any way.

Employee Life Monthly Premiums

Employee's Age as of Last January 1

Coverage Amount	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75-79*
\$10,000	0.46	0.47	0.48	0.55	0.83	1.19	2.03	3.34	4.48	7.97	16.69	14.42
\$20,000	0.92	0.94	0.96	1.10	1.66	2.38	4.06	6.68	8.96	15.94	33.37	28.84
\$30,000	1.38	1.41	1.44	1.65	2.49	3.57	6.09	10.02	13.44	23.91	50.06	43.26
\$40,000	1.84	1.88	1.92	2.20	3.32	4.76	8.12	13.36	17.92	31.88	66.74	57.68
\$50,000	2.30	2.35	2.40	2.75	4.15	5.95	10.15	16.70	22.40	39.85	83.43	72.10
\$60,000	2.76	2.82	2.88	3.30	4.98	7.14	12.18	20.04	26.88	47.82	100.12	86.52
\$70,000	3.22	3.29	3.36	3.85	5.81	8.33	14.21	23.38	31.36	55.79	116.80	100.94
\$80,000	3.68	3.76	3.84	4.40	6.64	9.52	16.24	26.72	35.84	63.76	133.49	115.36
\$90,000	4.14	4.23	4.32	4.95	7.47	10.71	18.27	30.06	40.32	71.73	150.17	129.78
\$100,000	4.60	4.70	4.80	5.50	8.30	11.90	20.30	33.40	44.80	79.70	166.86	144.20
\$110,000	5.06	5.17	5.28	6.05	9.13	13.09	22.33	36.74	49.28	87.67	183.55	158.62
\$120,000	5.52	5.64	5.76	6.60	9.96	14.28	24.36	40.08	53.76	95.64	200.23	173.04
\$130,000	5.98	6.11	6.24	7.15	10.79	15.47	26.39	43.42	58.24	103.61	216.92	187.46
\$140,000	6.44	6.58	6.72	7.70	11.62	16.66	28.42	46.76	62.72	111.58	233.60	201.88
\$150,000	6.90	7.05	7.20	8.25	12.45	17.85	30.45	50.10	67.20	119.55	250.29	216.30
\$160,000	7.36	7.52	7.68	8.80	13.28	19.04	32.48	53.44	71.68	127.52	266.98	230.72
\$170,000	7.82	7.99	8.16	9.35	14.11	20.23	34.51	56.78	76.16	135.49	283.66	245.14
\$180,000	8.28	8.46	8.64	9.90	14.94	21.42	36.54	60.12	80.64	143.46	300.35	259.56
\$190,000	8.74	8.93	9.12	10.45	15.77	22.61	38.57	63.46	85.12	151.43	317.03	273.98
\$200,000	9.20	9.40	9.60	11.00	16.60	23.80	40.60	66.80	89.60	159.40	333.72	288.40
\$210,000	9.66	9.87	10.08	11.55	17.43	24.99	42.63	70.14	94.08	167.37	350.41	302.82
\$220,000	10.12	10.34	10.56	12.10	18.26	26.18	44.66	73.48	98.56	175.34	367.09	317.24
\$230,000	10.58	10.81	11.04	12.65	19.09	27.37	46.69	76.82	103.04	183.31	383.78	331.66
\$240,000	11.04	11.28	11.52	13.20	19.92	28.56	48.72	80.16	107.52	191.28	400.46	346.08
\$250,000	11.50	11.75	12.00	13.75	20.75	29.75	50.75	83.50	112.00	199.25	417.15	360.50
\$260,000	11.96	12.22	12.48	14.30	21.58	30.94	52.78	86.84	116.48	207.22	433.84	374.92
\$270,000	12.42	12.69	12.96	14.85	22.41	32.13	54.81	90.18	120.96	215.19	450.52	389.34
\$280,000	12.88	13.16	13.44	15.40	23.24	33.32	56.84	93.52	125.44	223.16	467.21	403.76
\$290,000	13.34	13.63	13.92	15.95	24.07	34.51	58.87	96.86	129.92	231.13	483.89	418.18
\$300,000	13.80	14.10	14.40	16.50	24.90	35.70	60.90	100.20	134.40	239.10	500.58	432.60
\$310,000	14.26	14.57	14.88	17.05	25.73	36.89	62.93	103.54	138.88	247.07	517.27	447.02
\$320,000	14.72	15.04	15.36	17.60	26.56	38.08	64.96	106.88	143.36	255.04	533.95	461.44
\$330,000	15.18	15.51	15.84	18.15	27.39	39.27	66.99	110.22	147.84	263.01	550.64	475.86
\$340,000	15.64	15.98	16.32	18.70	28.22	40.46	69.02	113.56	152.32	270.98	567.32	490.28
\$350,000	16.10	16.45	16.80	19.25	29.05	41.65	71.05	116.90	156.80	278.95	584.01	504.70
\$360,000	16.56	16.92	17.28	19.80	29.88	42.84	73.08	120.24	161.28	286.92	600.70	519.12
\$370,000	17.02	17.39	17.76	20.35	30.71	44.03	75.11	123.58	165.76	294.89	617.38	533.54
\$380,000	17.48	17.86	18.24	20.90	31.54	45.22	77.14	126.92	170.24	302.86	634.07	547.96
\$390,000	17.94	18.33	18.72	21.45	32.37	46.41	79.17	130.26	174.72	310.83	650.75	562.38
\$400,000	18.40	18.80	19.20	22.00	33.20	47.60	81.20	133.60	179.20	318.80	667.44	576.80
\$410,000	18.86	19.27	19.68	22.55	34.03	48.79	83.23	136.94	183.68	326.77	684.13	591.22
\$420,000	19.32	19.74	20.16	23.10	34.86	49.98	85.26	140.28	188.16	334.74	700.81	605.64
\$430,000	19.78	20.21	20.64	23.65	35.69	51.17	87.29	143.62	192.64	342.71	717.50	620.06
\$440,000	20.24	20.68	21.12	24.20	36.52	52.36	89.32	146.96	197.12	350.68	734.18	634.48
\$450,000	20.70	21.15	21.60	24.75	37.35	53.55	91.35	150.30	201.60	358.65	750.87	648.90
\$460,000	21.16	21.62	22.08	25.30	38.18	54.74	93.38	153.64	206.08	366.62	767.56	663.32
\$470,000	21.62	22.09	22.56	25.85	39.01	55.93	95.41	156.98	210.56	374.59	784.24	677.74
\$480,000	22.08	22.56	23.04	26.40	39.84	57.12	97.44	160.32	215.04	382.56	800.93	692.16
\$490,000	22.54	23.03	23.52	26.95	40.67	58.31	99.47	163.66	219.52	390.53	817.61	706.58
\$500,000	23.00	23.50	24.00	27.50	41.50	59.50	101.50	167.00	224.00	398.50	834.30	721.00

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life Monthly Premiums, continued

Employee's Age as of Last January 1

Coverage Amount	80-84*	85-89*	90-94*	95+*
\$10,000	12.77	11.54	10.92	10.51
\$20,000	25.54	23.07	21.84	21.01
\$30,000	38.32	34.61	32.75	31.52
\$40,000	51.09	46.14	43.67	42.02
\$50,000	63.86	57.68	54.59	52.53
\$60,000	76.63	69.22	65.51	63.04
\$70,000	89.40	80.75	76.43	73.54
\$80,000	102.18	92.29	87.34	84.05
\$90,000	114.95	103.82	98.26	94.55
\$100,000	127.72	115.36	109.18	105.06
\$110,000	140.49	126.90	120.10	115.57
\$120,000	153.26	138.43	131.02	126.07
\$130,000	166.04	149.97	141.93	136.58
\$140,000	178.81	161.50	152.85	147.08
\$150,000	191.58	173.04	163.77	157.59
\$160,000	204.35	184.58	174.69	168.10
\$170,000	217.12	196.11	185.61	178.60
\$180,000	229.90	207.65	196.52	189.11
\$190,000	242.67	219.18	207.44	199.61
\$200,000	255.44	230.72	218.36	210.12
\$210,000	268.21	242.26	229.28	220.63
\$220,000	280.98	253.79	240.20	231.13
\$230,000	293.76	265.33	251.11	241.64
\$240,000	306.53	276.86	262.03	252.14
\$250,000	319.30	288.40	272.95	262.65
\$260,000	332.07	299.94	283.87	273.16
\$270,000	344.84	311.47	294.79	283.66
\$280,000	357.62	323.01	305.70	294.17
\$290,000	370.39	334.54	316.62	304.67
\$300,000	383.16	346.08	327.54	315.18
\$310,000	395.93	357.62	338.46	325.69
\$320,000	408.70	369.15	349.38	336.19
\$330,000	421.48	380.69	360.29	346.70
\$340,000	434.25	392.22	371.21	357.20
\$350,000	447.02	403.76	382.13	367.71
\$360,000	459.79	415.30	393.05	378.22
\$370,000	472.56	426.83	403.97	388.72
\$380,000	485.34	438.37	414.88	399.23
\$390,000	498.11	449.90	425.80	409.73
\$400,000	510.88	461.44	436.72	420.24
\$410,000	523.65	472.98	447.64	430.75
\$420,000	536.42	484.51	458.56	441.25
\$430,000	549.20	496.05	469.47	451.76
\$440,000	561.97	507.58	480.39	462.26
\$450,000	574.74	519.12	491.31	472.77
\$460,000	587.51	530.66	502.23	483.28
\$470,000	600.28	542.19	513.15	493.78
\$480,000	613.06	553.73	524.06	504.29
\$490,000	625.83	565.26	534.98	514.79
\$500,000	638.60	576.80	545.90	525.30

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse/Domestic Partner Life Monthly Premiums

Spouse/Domestic Partner's Age as of Last January 1

Coverage Amount	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75-79*
\$10,000	0.46	0.47	0.48	0.55	0.83	1.19	2.03	3.34	4.48	7.97	16.69	14.42
\$20,000	0.92	0.94	0.96	1.10	1.66	2.38	4.06	6.68	8.96	15.94	33.37	28.84
\$30,000	1.38	1.41	1.44	1.65	2.49	3.57	6.09	10.02	13.44	23.91	50.06	43.26
\$40,000	1.84	1.88	1.92	2.20	3.32	4.76	8.12	13.36	17.92	31.88	66.74	57.68
\$50,000	2.30	2.35	2.40	2.75	4.15	5.95	10.15	16.70	22.40	39.85	83.43	72.10
\$60,000	2.76	2.82	2.88	3.30	4.98	7.14	12.18	20.04	26.88	47.82	100.12	86.52
\$70,000	3.22	3.29	3.36	3.85	5.81	8.33	14.21	23.38	31.36	55.79	116.80	100.94
\$80,000	3.68	3.76	3.84	4.40	6.64	9.52	16.24	26.72	35.84	63.76	133.49	115.36
\$90,000	4.14	4.23	4.32	4.95	7.47	10.71	18.27	30.06	40.32	71.73	150.17	129.78
\$100,000	4.60	4.70	4.80	5.50	8.30	11.90	20.30	33.40	44.80	79.70	166.86	144.20
\$110,000	5.06	5.17	5.28	6.05	9.13	13.09	22.33	36.74	49.28	87.67	183.55	158.62
\$120,000	5.52	5.64	5.76	6.60	9.96	14.28	24.36	40.08	53.76	95.64	200.23	173.04
\$130,000	5.98	6.11	6.24	7.15	10.79	15.47	26.39	43.42	58.24	103.61	216.92	187.46
\$140,000	6.44	6.58	6.72	7.70	11.62	16.66	28.42	46.76	62.72	111.58	233.60	201.88
\$150,000	6.90	7.05	7.20	8.25	12.45	17.85	30.45	50.10	67.20	119.55	250.29	216.30
\$160,000	7.36	7.52	7.68	8.80	13.28	19.04	32.48	53.44	71.68	127.52	266.98	230.72
\$170,000	7.82	7.99	8.16	9.35	14.11	20.23	34.51	56.78	76.16	135.49	283.66	245.14
\$180,000	8.28	8.46	8.64	9.90	14.94	21.42	36.54	60.12	80.64	143.46	300.35	259.56
\$190,000	8.74	8.93	9.12	10.45	15.77	22.61	38.57	63.46	85.12	151.43	317.03	273.98
\$200,000	9.20	9.40	9.60	11.00	16.60	23.80	40.60	66.80	89.60	159.40	333.72	288.40
\$210,000	9.66	9.87	10.08	11.55	17.43	24.99	42.63	70.14	94.08	167.37	350.41	302.82
\$220,000	10.12	10.34	10.56	12.10	18.26	26.18	44.66	73.48	98.56	175.34	367.09	317.24
\$230,000	10.58	10.81	11.04	12.65	19.09	27.37	46.69	76.82	103.04	183.31	383.78	331.66
\$240,000	11.04	11.28	11.52	13.20	19.92	28.56	48.72	80.16	107.52	191.28	400.46	346.08
\$250,000	11.50	11.75	12.00	13.75	20.75	29.75	50.75	83.50	112.00	199.25	417.15	360.50
\$260,000	11.96	12.22	12.48	14.30	21.58	30.94	52.78	86.84	116.48	207.22	433.84	374.92
\$270,000	12.42	12.69	12.96	14.85	22.41	32.13	54.81	90.18	120.96	215.19	450.52	389.34
\$280,000	12.88	13.16	13.44	15.40	23.24	33.32	56.84	93.52	125.44	223.16	467.21	403.76
\$290,000	13.34	13.63	13.92	15.95	24.07	34.51	58.87	96.86	129.92	231.13	483.89	418.18
\$300,000	13.80	14.10	14.40	16.50	24.90	35.70	60.90	100.20	134.40	239.10	500.58	432.60
\$310,000	14.26	14.57	14.88	17.05	25.73	36.89	62.93	103.54	138.88	247.07	517.27	447.02
\$320,000	14.72	15.04	15.36	17.60	26.56	38.08	64.96	106.88	143.36	255.04	533.95	461.44
\$330,000	15.18	15.51	15.84	18.15	27.39	39.27	66.99	110.22	147.84	263.01	550.64	475.86
\$340,000	15.64	15.98	16.32	18.70	28.22	40.46	69.02	113.56	152.32	270.98	567.32	490.28
\$350,000	16.10	16.45	16.80	19.25	29.05	41.65	71.05	116.90	156.80	278.95	584.01	504.70
\$360,000	16.56	16.92	17.28	19.80	29.88	42.84	73.08	120.24	161.28	286.92	600.70	519.12
\$370,000	17.02	17.39	17.76	20.35	30.71	44.03	75.11	123.58	165.76	294.89	617.38	533.54
\$380,000	17.48	17.86	18.24	20.90	31.54	45.22	77.14	126.92	170.24	302.86	634.07	547.96
\$390,000	17.94	18.33	18.72	21.45	32.37	46.41	79.17	130.26	174.72	310.83	650.75	562.38
\$400,000	18.40	18.80	19.20	22.00	33.20	47.60	81.20	133.60	179.20	318.80	667.44	576.80
\$410,000	18.86	19.27	19.68	22.55	34.03	48.79	83.23	136.94	183.68	326.77	684.13	591.22
\$420,000	19.32	19.74	20.16	23.10	34.86	49.98	85.26	140.28	188.16	334.74	700.81	605.64
\$430,000	19.78	20.21	20.64	23.65	35.69	51.17	87.29	143.62	192.64	342.71	717.50	620.06
\$440,000	20.24	20.68	21.12	24.20	36.52	52.36	89.32	146.96	197.12	350.68	734.18	634.48
\$450,000	20.70	21.15	21.60	24.75	37.35	53.55	91.35	150.30	201.60	358.65	750.87	648.90
\$460,000	21.16	21.62	22.08	25.30	38.18	54.74	93.38	153.64	206.08	366.62	767.56	663.32
\$470,000	21.62	22.09	22.56	25.85	39.01	55.93	95.41	156.98	210.56	374.59	784.24	677.74
\$480,000	22.08	22.56	23.04	26.40	39.84	57.12	97.44	160.32	215.04	382.56	800.93	692.16
\$490,000	22.54	23.03	23.52	26.95	40.67	58.31	99.47	163.66	219.52	390.53	817.61	706.58
\$500,000	23.00	23.50	24.00	27.50	41.50	59.50	101.50	167.00	224.00	398.50	834.30	721.00

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse/Domestic Partner Life Monthly Premiums, continued

Spouse/Domestic Partner's Age as of Last January 1

Coverage Amount	80-84*	85-89*	90-94*	95+*
\$10,000	12.77	11.54	10.92	10.51
\$20,000	25.54	23.07	21.84	21.01
\$30,000	38.32	34.61	32.75	31.52
\$40,000	51.09	46.14	43.67	42.02
\$50,000	63.86	57.68	54.59	52.53
\$60,000	76.63	69.22	65.51	63.04
\$70,000	89.40	80.75	76.43	73.54
\$80,000	102.18	92.29	87.34	84.05
\$90,000	114.95	103.82	98.26	94.55
\$100,000	127.72	115.36	109.18	105.06
\$110,000	140.49	126.90	120.10	115.57
\$120,000	153.26	138.43	131.02	126.07
\$130,000	166.04	149.97	141.93	136.58
\$140,000	178.81	161.50	152.85	147.08
\$150,000	191.58	173.04	163.77	157.59
\$160,000	204.35	184.58	174.69	168.10
\$170,000	217.12	196.11	185.61	178.60
\$180,000	229.90	207.65	196.52	189.11
\$190,000	242.67	219.18	207.44	199.61
\$200,000	255.44	230.72	218.36	210.12
\$210,000	268.21	242.26	229.28	220.63
\$220,000	280.98	253.79	240.20	231.13
\$230,000	293.76	265.33	251.11	241.64
\$240,000	306.53	276.86	262.03	252.14
\$250,000	319.30	288.40	272.95	262.65
\$260,000	332.07	299.94	283.87	273.16
\$270,000	344.84	311.47	294.79	283.66
\$280,000	357.62	323.01	305.70	294.17
\$290,000	370.39	334.54	316.62	304.67
\$300,000	383.16	346.08	327.54	315.18
\$310,000	395.93	357.62	338.46	325.69
\$320,000	408.70	369.15	349.38	336.19
\$330,000	421.48	380.69	360.29	346.70
\$340,000	434.25	392.22	371.21	357.20
\$350,000	447.02	403.76	382.13	367.71
\$360,000	459.79	415.30	393.05	378.22
\$370,000	472.56	426.83	403.97	388.72
\$380,000	485.34	438.37	414.88	399.23
\$390,000	498.11	449.90	425.80	409.73
\$400,000	510.88	461.44	436.72	420.24
\$410,000	523.65	472.98	447.64	430.75
\$420,000	536.42	484.51	458.56	441.25
\$430,000	549.20	496.05	469.47	451.76
\$440,000	561.97	507.58	480.39	462.26
\$450,000	574.74	519.12	491.31	472.77
\$460,000	587.51	530.66	502.23	483.28
\$470,000	600.28	542.19	513.15	493.78
\$480,000	613.06	553.73	524.06	504.29
\$490,000	625.83	565.26	534.98	514.79
\$500,000	638.60	576.80	545.90	525.30

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life Monthly Premiums*

Coverage	
Amount	Premium
\$2,000	0.12
\$4,000	0.24
\$6,000	0.36
\$8,000	0.48
\$10,000	0.60

* Regardless of the number of eligible children covered.

Voluntary AD&D Monthly Premiums*

Coverage		
Amount	Employee	Family
\$25,000	0.70	1.00
\$50,000	1.40	2.00
\$75,000	2.10	3.00
\$100,000	2.80	4.00
\$125,000	3.50	5.00
\$150,000	4.20	6.00
\$175,000	4.90	7.00
\$200,000	5.60	8.00
\$225,000	6.30	9.00
\$250,000	7.00	10.00
\$275,000	7.70	11.00
\$300,000	8.40	12.00

* Premiums for this coverage will be deducted directly from your paycheck.

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

Protecting What Is Priceless

Group Optional Term Life Insurance From The Standard



The time you spend with your family is priceless and you wouldn't trade it for anything. But what would happen if you suddenly died? Could your family live without your income? Would your family be able to cover the medical expenses associated with a terminal illness or with burial and funeral expenses?

School District No. 1 Health and Welfare Trust provides a basic amount of Life insurance to help protect your loved ones in the event of your death. Since everyone's needs are different, School District No. 1 Health and Welfare Trust is also providing you with the opportunity to apply for Optional Term Life insurance from Standard Insurance Company – a simple, easy way to further help protect your family. It allows you to apply for the extra coverage you need, with premiums deducted directly from your paycheck.

With Optional Term Life insurance from The Standard, you can help protect what is priceless with coverage that offers peace of mind to surviving family members as they adjust to a new life.

Use the worksheet on the reverse to guide you in calculating the amount of insurance coverage you may need.



Help protect what is priceless to you with Optional Term Life insurance from The Standard. Visit www.sdtrust.com for more information about how to apply for this important coverage.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

GP190-LIFE/S399, GP399-LIFE/TRUST,
GP190-LIFE/A997/S399, GP899-LIFE
GP494-ADD/S99

Life Insurance Needs Calculator

Each family has a unique set of circumstances and financial demands. To help you figure out the amount of Optional Term Life Insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator. Use the worksheet below or access our online Life Insurance Needs Calculator at: <http://www.standard.com/lifeneeds>. Or, use the QR code to the right with your mobile device.



Step 1: Income Needs		
Estimate the income you will need to replace if you or your spouse/partner passed away.	You	Spouse/Partner
Annual Income	\$	\$
Other Income	\$	\$
Years Needed Number of years your beneficiaries would need the income support		
Total Income Needs	\$	\$

Step 2: Major Expenses		
Estimate the major expenses you may leave behind or want to plan ahead for.	You	Spouse/Partner
Final Expenses To cover your final medical expenses, funeral and burial, a typical estimate is \$15,000 or 4% of your estate. ¹ A traditional funeral averages \$6,000 but may cost much more. ²	\$	\$
Mortgage Balance	\$	\$
Loans and Debt Include credit card debt, car loans, home equity loans, etc.	\$	\$
College Savings Estimate the amount each partner's income would contribute towards education funds. Average "total" annual cost of college ranges from about \$17,000 for a public in-state college to \$38,000 for a private college. ³	\$	\$
Total Major Expenses	\$	\$

Step 3: Assets		
Estimate the value of your assets.	You	Spouse/Partner
Savings and Investments Include real estate, retirement plans, investments or inheritance.	\$	\$
Existing Life Insurance Include any existing insurance plans/benefits outside this plan.	\$	\$
Total Available Assets	\$	\$

Step 4: Estimated Life Insurance Needed		
	You	Spouse/Partner
Add your Total Replacement Income Needed and Total Major Expenses. Then subtract your Total Resources to get your personal estimate.	\$	\$

This calculator is only intended to provide a general estimate of your family's potential income needs and should not be considered financial advice. For a more accurate and detailed analysis, please consult with a professional financial planner.

¹ Life Foundation, Life Insurance Calculator, 2011

² Federal Trade Commission, Funerals: A Consumer Guide, Nov. 24, 2009

³ The College Board, 2011-2012 national average for a four-year college or university. College costs are indexed at 8.3%. For details, visit: <http://trends.collegeboard.org/>.

Standard Insurance Company
Medical Underwriting, 900 SW Fifth Avenue Portland OR 97204

School District No. 1 Health and Welfare Trust
Medical History Statement

DIRECTIONS FOR APPLYING FOR COVERAGE

Read the Information Practices Notice(s) on page 4. A separate form must be submitted for each applicant (Employee/Member, Spouse and/or Child) when Evidence Of Insurability or Proof of Good Health is required to apply for coverage. Complete all items, date and sign in the space at the bottom of page 3. Keep a copy for your records, and send the original to Standard Insurance Company at the address given above or in the reply envelope provided in this packet.

MEMBER/EMPLOYEE INFORMATION

Name of Group School District No. 1 Health and Welfare Trust		Group Number 750971	Check who is Applying (One per form) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Member/Employee Name		Birth Date (Mo/Day/Year)	Date Hired (Mo/Day/Year)	
Union Group (select one) <input type="checkbox"/> PAT <input type="checkbox"/> PFSP <input type="checkbox"/> DCU <input type="checkbox"/> ATU				
Occupation	Salary	Social Security Number	Employee Identification No.	

APPLICANT INFORMATION

Applicant's Name (Person to be insured)		Email Address		
Street Address		City	State/Province	ZIP/Postal Code
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (Mo/Day/Year)	Birthplace	Social Security Number	Work Phone () Home Phone ()

APPLICATION INFORMATION

Check the type and provide details on the amount of coverage you are requesting.

Optional (Additional) Term Life $\frac{\text{Current Amount In Force, if any}}{\text{Current Amount In Force, if any}} + \frac{\text{Additional Amount Requested}}{\text{Additional Amount Requested}} = \frac{\text{Total Amount Requested}}{\text{Total Amount Requested}}$

Dependents Term Life $\frac{\text{Current Amount In Force, if any}}{\text{Current Amount In Force, if any}} + \frac{\text{Additional Amount Requested}}{\text{Additional Amount Requested}} = \frac{\text{Total Amount Requested}}{\text{Total Amount Requested}}$

PHYSICIAN INFORMATION (Physician name or medical facility with Applicant's complete medical records—provide name and full mailing address)

Doctor First Name		Doctor Last Name		
Clinic Name			Doctor Phone	
Doctor Address		City	State/Province	ZIP/Postal Code
Date Last Consulted				
Reason Last Consulted				

Applicant Name	Social Security Number
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MEDICAL HISTORY STATEMENT QUESTIONS

Check yes or no for each of these questions, and give details for any "yes" answers. Attach a separate sheet if necessary.

1. Have you been absent from work for a period of 5 or more consecutive days during the last 2 years due to any sickness, surgery, injury, mental or emotional condition? Yes No
2. Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
 - A. Disease of the liver, pancreas, kidney, ulcers, stomach, intestinal disorder, or digestive system disorder? Yes No
 - B. Multiple sclerosis, epilepsy, stroke, paralysis, numbness, visual disturbance, deafness, or another neurological or muscle disorder? Yes No
 - C. Cancer (malignancy or growth), leukemia, lymphoma, chronic anemia, or blood clotting (thrombophlebitis, pulmonary embolism)? Yes No
 - D. Cardiovascular disease, heart ailment, arteriosclerosis, chest pain, high blood pressure, heart murmur, valve, circulatory or vascular disorder? Yes No
 - E. Emphysema, asthma, chronic bronchitis, sleep apnea, or other lung disease? Yes No
 - F. Lupus, scleroderma, vasculitis, connective tissue disease, or other immune system disorder not related to Human Immunodeficiency Virus (HIV)? Yes No
 - G. Osteoarthritis, rheumatoid arthritis, osteoporosis, pain in the joints, amputations, or other disease or disorder of the bones, joints, back or spine, or arthritic conditions? Yes No
 - H. Endocrine (including thyroid or adrenal), diabetes? Yes No
 - I. Drug, alcohol or nicotine use or abuse, or have you used drugs, alcohol or nicotine in a manner that resulted in you having to obtain advice, counseling or treatment? Yes No
 - J. Psychiatric or mental condition, depression, adjustment disorder, affective disorder, or obsessive-compulsive disorder? . . . Yes No
3. Has a medical professional ever diagnosed you as having or prescribed medication to you for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or HIV antibodies? Yes No
4. During the past five years have you been in a hospital or other institution for observation, rest, diagnosis, or treatment of any disease, disorder, condition or injury? Yes No
5. Do you plan any operation or visit to a doctor or practitioner for an existing physical or mental condition, illness, injury, surgery or pregnancy? Yes No
6. Do you currently have any disorder, condition or disease, or are you currently taking medication prescribed by a medical or other practitioner for any disorder, condition (including pregnancy) or disease other than cold or allergies not disclosed above? Yes No

Height _____ Weight _____

DETAILS OF ANY "YES" ANSWERS ABOVE

Include diagnosis, start and end dates, duration, type and frequency of treatment, hospitalization, physician visits, cause, location of disorder, residuals, acute or chronic status, work loss, and operations.

Question #	Diagnosis/Description	Month/Year	Details/Current Status	Physicians Consulted, City and State

Applicant Name	Social Security Number
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ACKNOWLEDGMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION *(Please read carefully.)*

- I represent that the statements contained herein, including those made in response to the Medical History Statement questions and any supplemental information, are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement. I agree that if my application is declined, The Standard's liability is limited to the return of any premium which may have been paid.
- To any health plan, physician, health care provider, hospital, clinic, laboratory, pharmacy, medical facility, insurance or reinsurance company, and the MIB, Inc. (MIB), I instruct you to disclose my entire medical record and any other protected health information concerning me to The Standard or its reinsurers. This includes information on any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, and any communicable or sexually transmitted disease or disorder. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.
- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any of the above to release and disclose my entire medical records without restriction.
- I understand that The Standard will use information to determine my eligibility for group insurance coverage. I understand The Standard may release information it has about me to its reinsurers and to any person performing business or legal services for The Standard in connection with my application. I authorize The Standard to release information it has about me to MIB for the purpose of reporting to the MIB information exchange and for MIB to audit The Standard's reporting. I understand The Standard may release information it has about me to other insurance companies to which I have applied for insurance coverage or benefits.
- I understand that information disclosed to The Standard pursuant to authorization may be subject to redisclosure with my authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Standard is not protected under the Act.
- I understand that I am entitled to receive a copy of this authorization. This authorization will remain valid six months from the date of the signature below. A photocopy or facsimile of this authorization shall be as valid as the original.
- I understand that I have the right to refuse to sign this authorization. I further understand that I have a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair The Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.
- I understand that if my application is approved, premiums shall be paid in accordance with the provisions of the Group Policy(ies), and my coverage will be subject to all terms and conditions of the Group Policy(ies) and state limitations.
- For Member/Employee: If I currently have a Life and/or Trust Life beneficiary designation on file with my plan administrator, I understand the designation(s) on file will also apply to any approved amounts. If I have no beneficiary designation(s) on file or I wish to change the name of the current beneficiary(ies), I will contact my plan administrator.
- I understand that insurance on a Spouse or other Dependent, if any, is payable to the Member/Employee, if living, or as provided under the terms of the Group Policy(ies).
- I acknowledge that I have read and received the Information Practices Notice and Fraud Notice (if applicable), and I have made a copy of this Medical History Statement.

Signature of Applicant (or Member/Employee for Dependent Child)	Date
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Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.

Applicant Name	Social Security Number
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INFORMATION PRACTICES NOTICE

- To help us determine your eligibility for group insurance we may request information about you from other persons and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (MIB), formerly known as Medical Information Bureau. We will use the authorization you signed on this form when we seek this information.
- MIB – Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health (including short and long term disability) insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.
Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.
Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health (including short and long term disability) insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.
- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS – You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices please write to us at Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204 or call 1-800-843-7979.

FRAUD NOTICE

- ARKANSAS, MAINE, OHIO: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.
- COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- LOUISIANA, NEW MEXICO: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- MARYLAND, RHODE ISLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- PUERTO RICO: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or any other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
- TENNESSEE, VIRGINIA, WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



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 The Trust or visit us at **www.standard.com**.

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