

TERM LIFE INSURANCE for the employees of City of Santa Cruz

Eligibility	<p><i>You</i> — If you are an active employee working at least 20 hours per week, you will be eligible to elect insurance for you and your dependents on the first of the month following the date of hire.</p> <p><i>Your Spouse*</i> — Is eligible provided that you apply for and are approved for coverage yourself.</p> <p><i>Your Unmarried, Dependent Children</i> — Under age 23 as long as you apply for and are approved for coverage for yourself. One low premium will insure all your eligible children.</p> <p>No one may be covered more than once under this plan. If covered as an employee, you can not also be covered as a dependent.</p> <p><small><i>*Domestic Partner is defined in the group policy. For purposes of this brochure, wherever the term Spouse appears it shall also include Domestic Partner. You must have on file an affidavit (available from your employer) which specifies the criteria for being considered a Domestic Partner under the group policy. In addition, a Domestic Partner registered with the California Secretary of State is eligible as a Domestic Partner under the policy, and no affidavit is necessary. Additional information is available from your Benefit Services Representative.</i></small></p>																																																				
How Much Coverage Can You Buy?	<p><i>You</i> — Units of \$10,000. The maximum for any employee is the lesser of 5 times your annual salary, rounded to the next higher \$10,000 if not already a multiple thereof or \$500,000.</p> <p><i>Your Spouse</i> — Units of \$5,000 to a maximum of \$250,000, not to exceed 50% of your coverage amount. The cost of coverage will be based on your spouse's age. The guaranteed coverage for your spouse is \$50,000.</p> <p><i>Your Unmarried, Dependent Children</i> — Units of \$1,000 to a maximum of \$10,000. The maximum benefit for children under six months is \$1,000. The guaranteed coverage for your children is \$10,000.</p>																																																				
Guaranteed Coverage	<p>If you and your dependents apply during the initial enrollment period, or within 31 days after you are eligible to elect coverage, you are entitled to choose any coverage offered up to the guaranteed coverage amount, as shown on your application, without providing evidence of good health.</p> <p>If you apply for an amount of coverage for yourself or your spouse greater than the guaranteed coverage amount, coverage in <u>excess</u> of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of good health.</p> <p>If you apply for coverage for yourself or your spouse more than 31 days from the date you become eligible to elect coverage under this plan, the guaranteed coverage amounts will not apply. Coverage will not be issued until the insurance company approves acceptable evidence of good health.</p>																																																				
How Much Your Coverage Will Cost	<p>To calculate your monthly cost: Find your age group in the following table; Multiply the rate by the number of coverage units you want; Calculate the cost of coverage for your spouse, using your spouse's age, then calculate the cost of coverage for your children; Add the premiums for you, your spouse and your children to get your total monthly cost.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Employee/ Spouse Age</th> <th colspan="2">Monthly Cost per</th> <th rowspan="2">Employee/ Spouse Age</th> <th colspan="2">Monthly Cost per</th> </tr> <tr> <th>\$10,000 Unit Employee</th> <th>\$5,000 Unit Spouse</th> <th>\$10,000 Unit Employee</th> <th>\$5,000 Unit Spouse</th> </tr> </thead> <tbody> <tr> <td>Under 25</td> <td>\$0.50</td> <td>\$0.25</td> <td>55 to 59</td> <td>\$6.03</td> <td>\$3.02</td> </tr> <tr> <td>25 to 29</td> <td>0.60</td> <td>0.30</td> <td>60 to 64</td> <td>8.73</td> <td>4.37</td> </tr> <tr> <td>30 to 34</td> <td>0.80</td> <td>0.40</td> <td>65 to 69</td> <td>15.84</td> <td>7.92</td> </tr> <tr> <td>35 to 39</td> <td>0.90</td> <td>0.45</td> <td>70 & over</td> <td>28.44</td> <td>14.22</td> </tr> <tr> <td>40 to 44</td> <td>1.17</td> <td>0.59</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45 to 49</td> <td>2.52</td> <td>1.26</td> <td></td> <td></td> <td></td> </tr> <tr> <td>50 to 54</td> <td>3.60</td> <td>1.80</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Monthly cost for children: \$0.03 per \$1,000 of coverage. One premium insures all your eligible children. <i>Costs are subject to change.</i></p>	Employee/ Spouse Age	Monthly Cost per		Employee/ Spouse Age	Monthly Cost per		\$10,000 Unit Employee	\$5,000 Unit Spouse	\$10,000 Unit Employee	\$5,000 Unit Spouse	Under 25	\$0.50	\$0.25	55 to 59	\$6.03	\$3.02	25 to 29	0.60	0.30	60 to 64	8.73	4.37	30 to 34	0.80	0.40	65 to 69	15.84	7.92	35 to 39	0.90	0.45	70 & over	28.44	14.22	40 to 44	1.17	0.59				45 to 49	2.52	1.26				50 to 54	3.60	1.80			
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When You Reach Age 70	<p>At age 70, providing you are still employed, coverage for you and your spouse will decrease to 67% of the benefit amount, and to 34% at age 75.</p>																																																				

Other Benefit Features	<p>Accelerated Death Benefit – Terminal Illness – Up to 80% of the death benefit (not to exceed \$100,000) may be advanced to the insured who is diagnosed with a terminal illness (life expectancy 12 months or less) by two unaffiliated physicians. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.</p> <p>Annual Enrollment Period - Each year you have the opportunity to enroll in the plan or increase your voluntary coverage. We do not require evidence of good health for increases equal to \$20,000 for currently enrolled participants, subject to the plan's guaranteed coverage amount.</p> <p>Continuation for Disability for Employees Age 60 or over - If your active service ends due to disability, at age 60 or over, your coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid.</p> <p>You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan. "Regular Occupation" means your occupation, as routinely performed in the general labor market, at the time your disability begins.</p> <p>Extended Death Benefit with Waiver of Premium - If you become disabled prior to age 60, and die before it is determined if you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify and have insured your spouse or children, their coverage is also extended. No additional premium payment is required for the extended coverage.</p> <p>You are considered disabled if, because of injury or sickness, you are unable to perform the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan. "Regular Occupation" means your occupation, as routinely performed in the general labor market, at the time your disability begins.</p> <p>Waiver of Premium - If you are totally disabled prior to age 60 and can't work for at least 9 months, you won't need to pay premiums for your coverage while you are disabled, provided we approve you for this benefit. Totally disabled means you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until to age 65, subject to proof of continuing disability each year. If you qualify and have insured your spouse or children, premium for their coverage is also waived.</p> <p>Rehabilitation During a Period of Disability - If the insurance company determines that you are a suitable candidate for rehabilitation, the insurance company may require you to participate in an assessment and rehabilitation plan, not to exceed 18 months. A rehabilitation plan may consist of educational, vocational or physical rehabilitation or may include modified work or work on a part-time basis. If you refuse such assistance without good cause (a medical reason preventing participation, in whole or in part, in the rehabilitation plan), insurance under this plan will end.</p>
Exclusions	<p>Life Insurance - This plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.</p>
When Your Coverage Begins and Ends	<p>The date your coverage begins is called its "effective date." Your employer will let you know the effective date of your coverage. If you are not actively at work on the effective date of coverage, your coverage will not begin until you return to work.</p> <p>For coverage for your spouse and/or children to be effective, they must not be hospitalized or confined at home under the care of a doctor.</p> <p>Your coverage cannot be terminated as long as you remain eligible, the premium is paid and the group policy remains in force. For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible.</p> <p>Portability Feature - This plan allows you to continue your entire current voluntary coverage amount if you leave your employer. Premiums may change at this time. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children. As long as the group policy remains in force, the option of continuing this coverage is available.</p>
Apply Today	<p>You must complete an application form. Be sure to answer all questions accurately.</p>
Payroll Deduction	<p>Premiums are paid through payroll deduction.</p>
Questions?	<p>For assistance in completing your enrollment form, call 1-800-732-1603 toll-free during weekdays from 8 a.m. to 6 p.m. Eastern time.</p>

This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLX-964934, on Policy Form TL-004700, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the PUBLIC ADMINISTRATION Industry. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192



PERSONAL ACCIDENT INSURANCE
for the employees of City of Santa Cruz

Eligibility	<p>You – If you are an active employee working at least 20 hours per week, you will be eligible to elect insurance for you and your dependents on the first of the month following the date of hire.</p> <p>Your Spouse* – Is eligible.</p> <p>Your Unmarried, Dependent Children – Under age 23.</p> <p>No one may be covered more than once under this plan.</p> <p><i>* Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it includes Domestic Partner. See your Benefit Representative for more information.</i></p>														
How Much Coverage Can You Buy?	<p>You – Units of \$10,000 to a maximum of the lesser of 5 times your annual salary, rounded to the next higher \$10,000 if not already a multiple thereof or \$500,000.</p> <p>Your Spouse – Select from \$5,000 to \$250,000 in units of \$5,000, not to exceed 50% of your selected coverage amount. Maximum: \$250,000.</p> <p>Your Children – Select from \$1,000 to \$10,000 in units of \$1,000. The premium is the same regardless of the number of children covered. Maximum: \$10,000.</p>														
How Much Your Coverage Will Cost	<p>The cost of this insurance is paid by you. Indicate your choice, or your decision not to elect coverage, on your enrollment form. The monthly cost per \$1,000 of coverage is \$0.038 for Employee, \$0.038 for Spouse and \$0.038 for Children. Costs are subject to change. Benefit amounts over \$10,000 cannot be greater than 5 times your annual earnings. Spouse Maximum: \$250,000; Child Maximum: \$10,000 for each child.</p>														
Benefit Reductions	<p>At age 70, providing you are still employed, coverage for you and your spouse will decrease to 67% of the benefit amount, and to 34% at age 75.</p>														
A Valuable Combination of Benefits	<p>A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">If, within 365 days of a covered accident, bodily injuries result in:</th> <th style="text-align: right; padding: 5px;">We will pay this % of the benefit amount:</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears</td> <td style="text-align: right; vertical-align: middle; padding: 2px 5px;">100%</td> </tr> <tr> <td style="padding: 2px 5px;">Total paralysis of both lower or upper limbs</td> <td style="text-align: right; vertical-align: middle; padding: 2px 5px;">75%</td> </tr> <tr> <td style="padding: 2px 5px;">Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech or loss of hearing in both ears, or Severance and reattachment of one hand or foot</td> <td style="text-align: right; vertical-align: middle; padding: 2px 5px;">50%</td> </tr> <tr> <td style="padding: 2px 5px;">Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand</td> <td style="text-align: right; vertical-align: middle; padding: 2px 5px;">25%</td> </tr> <tr> <td style="padding: 2px 5px;">Loss of all toes of the same foot</td> <td style="text-align: right; vertical-align: middle; padding: 2px 5px;">20%</td> </tr> <tr> <td style="padding: 2px 5px;">Coma</td> <td style="text-align: right; vertical-align: middle; padding: 2px 5px;">1%</td> </tr> </tbody> </table> <p>Only one benefit (the largest) will be paid for losses from the same accident.</p>	If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:	Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%	Total paralysis of both lower or upper limbs	75%	Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech or loss of hearing in both ears, or Severance and reattachment of one hand or foot	50%	Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%	Loss of all toes of the same foot	20%	Coma	1%
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For Exposure and Disappearance	<p>Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.</p> <p>If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.</p>														
For Comas	<p>1% of full benefit amount, for up to 11 months, if you, your spouse, or your children are in a coma for 30 days or more as a result of a covered accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.</p>														
For Wearing a Seatbelt and Protection by an Airbag	<p>Additional 10% benefit but not more than \$25,000 if the covered person dies in an automobile accident while wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$10,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).</p>														
For Furthering Education	<p>If you die in a covered accident, we will pay an extra benefit for each insured child under age 25 who enrolls in a school of higher learning within one year of your death.</p> <p>We will increase your benefit by 6% or \$6,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.</p> <p>If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.</p>														

What is Not Covered	Self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot or insurrection; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection; voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates; air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew.
When Your Coverage Begins and Ends	Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid.

This plan provides ACCIDENT insurance only. This is a brief summary of coverage available under policy OK 966536 issued by Life Insurance Company of North America, insuring eligible employees of City of Santa Cruz. This is not the insurance contract. Terms and conditions of coverage are set forth in the group insurance contract.

Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192



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Class 1