

# Supplemental Employee & Dependent Life Insurance

The Hartford

Customer Service: (888) 563-1124

www.thehartfordatwork.com

## Supplemental Employee Life

The City offers Supplemental Employee Life Insurance through The Hartford. Enrollment is voluntary and 100% employee paid. A summary of the plan's benefit provisions is provided below followed by a premium calculation. Beneficiary designations can be made online at [www.mybentek.com/wpb](http://www.mybentek.com/wpb). A beneficiary confirmation statement can also be printed and retained for your records.

Supplemental Employee Life Plan Summary	
Eligibility	All Active Full-time Employees.
Benefit Options	1,2 or 3 times your basic annual earnings to a maximum of \$300,000.
Cost to You	This benefit is 100% employee paid.
Guaranteed Issue	\$250,000 for all first-time eligible employees. Employees who do not enroll when first eligible and later want to add this coverage, or employees who want to increase their current election, must submit medical evidence to Hartford Life. Coverage will not be effective unless, and until, Hartford approves your application.
Portability	You can take this coverage with you if you terminate employment prior to Normal Retirement Age. Rates will be similar but not identical.
Age Reduction	Your benefit reduces starting at age 70.

### Supplemental Employee Life Monthly Premium Calculation

$$\frac{\text{Elected Benefit Amount}}{\$1,000} = \text{_____} \times \frac{\$0.35}{\text{Monthly Rate per } \$1,000 \text{ of Elected Benefit}} = \text{Your Monthly Cost}$$

## Supplemental Dependent Life

The City offers Supplemental Dependent Life Insurance through The Hartford. Enrollment is voluntary and 100% employee paid. A summary of the plan's benefit provisions is provided below followed by a premium calculation. Beneficiary designations can be made online at [www.mybentek.com/wpb](http://www.mybentek.com/wpb). A beneficiary confirmation statement can also be printed and retained for your records.

**Please note: Employees must participate in the Supplemental Life insurance plan for spouses/dependent child(ren) to participate.**

Supplemental Dependent Life Plan Summary	
Benefit Options	Spouse: Flat \$10,000. Child(ren): Flat \$5,000.
Dependent Spouse	Dependent elections cannot exceed 50% of the employee's inforce life benefit. You may not elect coverage for your spouse if your spouse is covered as an employee under this policy. If both you and your spouse are employees of the City, only one of you may elect coverage for your child(ren).
Dependent Child(ren)	Children from live birth to age 21 are covered, and may remain in the plan to age 25 if a full-time student.
Cost to You	This benefit is 100% employee paid.
Spouse Guaranteed Issue	\$10,000 is the guaranteed issue amount for spouses who are newly eligible for coverage. Employees who have previously declined spouse coverage must submit medical evidence for their spouses to Hartford Life. Coverage will not be effective unless, and until, Hartford Life approves your application.
Child(ren) Guaranteed Issue	All amounts are guaranteed issue, even if enrolling late.
Age Reduction	None.

### Supplemental Dependent Spouse Monthly Premium Calculation

$$\frac{\$10,000}{\$1,000} = 10 \times \frac{\$0.35}{\text{Monthly Rate per } \$1,000 \text{ of Elected Benefit}} = \text{Your Monthly Cost } \$3.50$$