



### Voluntary 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 Northwest Financial Associations' Employee Benefit Trust.

### Eligibility Requirements

- Employee**
  - You must be an active employee of an employer that is a member of a participating association working at least the minimum required hours shown on the employer's participating employer agreement
  - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- Dependent**
  - Spouse means a person to whom you are legally married or your domestic partner as recognized by 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 Voluntary Life and Dependent Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
<b>Employee</b>	\$10,000	\$10,000	\$80,000	\$300,000*
<b>Spouse</b>	\$10,000	\$10,000	\$20,000	\$150,000

<b>Child</b>	You may elect one of the following amounts: Option A: \$5,000 Option B: \$10,000
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\*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: [myeoi.standard.com/646912](http://myeoi.standard.com/646912).
- All late applications (applying 31 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.
- The coverage amount for your spouse cannot exceed 50% of your Voluntary Life coverage.
- The coverage amount for your child(ren) cannot exceed 100% of your Voluntary Life coverage.

### Coverage Amount Needed

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Voluntary 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 above, serve an eligibility waiting period, 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 Dependent Life insurance, your insurance will not become effective until the day you return to 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, by 50% at age 70, and by 65% at age 75, adjusted on the January 1 next following the change in age.

Your spouse's coverage amount reduces by your spouse's age as follows: by 35% at age 65, by 50% at age 70, and by 65% at age 75, adjusted on the January 1 next following the change in age.

If you or your spouse 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 is subject to state variations.

### 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 and under age 60, and complete a waiting period of 180 days, your Voluntary Life insurance may continue without premium payment until the date you reach Social Security Normal Retirement Age (SSNRA) provided you give us satisfactory proof that you remain totally disabled. SSNRA means your normal retirement age, as of the date of your total disability, under the Federal Social Security Act, as amended.
<b>Accelerated Benefit</b>	If you or a dependent become terminally ill, you may be eligible to receive up to 75% of your Voluntary 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 Voluntary Life insurance to an individual life insurance policy without submitting proof of good health.
<b>Travel Assistance<sup>1</sup></b>	This service provides you and your dependents with access to appropriate medical care and other emergency services when traveling at least 100 miles from home or in foreign countries for up to 180 days. Travel Assistance also offers a range of professional, 24-hour medical, legal and trip assistance information and coordination services to help your travel go smoothly.
<b>Beneficiary Financial Counseling Service<sup>2</sup></b>	This service is available to your beneficiaries or to you if you are a recipient of an accelerated benefit. This service offers you or your beneficiary financial guidance through StanCorp Investment Advisers to help you or your loved ones navigate a new financial situation.

<sup>1</sup> Travel Assistance is provided through an arrangement with a service provider, which is not affiliated with The Standard. Travel Assistance is not an insurance product in all states, except in the state of Oregon. For more information, visit [standard.com/travel-info](http://standard.com/travel-info).

<sup>2</sup> Beneficiary Financial Counseling is provided by StanCorp Investment Advisers under an agreement with The Standard.

**When Insurance Ends**

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your employment 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 Dependent 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, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Employee Rates**

If you elect Voluntary Life insurance, your monthly rate for this plan is indicated in the table below. These rates include the broker commissions and administrative fees. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (As of Jan. 1 Following Change in Age)	Non-Tobacco Rate (Per \$10,000 of Total Coverage)	Tobacco Rate (Per \$10,000 of Total Coverage)
<25	\$0.461	\$0.711
25-29	\$0.553	\$0.776
30-34	\$0.737	\$1.105
35-39	\$0.829	\$1.289
40-44	\$1.184	\$1.816
45-49	\$2.079	\$3.105
50-54	\$3.197	\$4.789
55-59	\$5.461	\$7.921
60-64	\$6.526	\$9.447
65-69	\$12.526	\$17.566
70-74	\$22.566	\$30.461
75-79	\$33.816	\$43.947
80-89	\$62.487	\$78.105
90+	\$147.632	\$197.289

To calculate your premium:

1. Amount Elected: Write this amount on the Voluntary Life requested amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$10,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: \_\_\_\_\_

**Spouse Rates**

If you elect Dependent Life insurance for your spouse, your monthly rate for this coverage is indicated in the table below. These rates include the broker commissions and administrative fees. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (As of Jan. 1 Following Change in Age)	Non-Tobacco Rate (Per \$10,000 of Total Coverage)	Tobacco Rate (Per \$10,000 of Total Coverage)
<25	\$0.461	\$0.711
25-29	\$0.553	\$0.776
30-34	\$0.737	\$1.105
35-39	\$0.829	\$1.289
40-44	\$1.184	\$1.816
45-49	\$2.079	\$3.105
50-54	\$3.197	\$4.789
55-59	\$5.461	\$7.921
60-64	\$6.526	\$9.447
65-69	\$12.526	\$17.566
70-74	\$22.566	\$30.461
75-79	\$33.816	\$43.947
80-89	\$62.487	\$78.105
90+	\$147.632	\$197.289

To calculate the premium for your spouse:

1. Amount Elected: Write this amount on the Spouse Life requested amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$10,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: \_\_\_\_\_

**Child Rates**

If you elect Dependent Life insurance for your eligible child(ren), your monthly rate for this coverage is \$0.918 monthly for \$5,000 of coverage, or \$1.836 monthly for \$10,000 of coverage, regardless of the number of eligible children covered. These rates include the broker commissions and administrative fees. Premiums for this coverage will be deducted directly from your paycheck.



## **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,  
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