



## BENEFITS PLAN – VOLUNTARY SUPPLEMENTAL LIFE

### GENERAL OVERVIEW

All WHIT benefit plans include a January 1<sup>st</sup> anniversary date, on which rate adjustments are effective. New coverage is available throughout the calendar year, but premium rates may be guaranteed for less than 12 months.

Some of the Trust's coverages include published rates and are included on this website – Washington Dental Service (WDS) and Vision Service Plan (VSP). The other benefits are available following a request for proposal.

For any questions regarding benefit levels, pricing or to request a quote, please contact Karni Adamson at DiMartino Associates, Inc. [karni@dimarinc.com](mailto:karni@dimarinc.com) or 206-467-9408 (Seattle) or 1-888-715-8000.

Dental	Washington Dental Service (WDS)
	Willamette Dental – Managed Dental Care
Vision	Vision Service Plan (VSP)
Basic Life/AD&D	Reliance Standard
Long Term Disability	Reliance Standard
Voluntary Personal Accident	Reliance Standard
Voluntary Supplemental Life	Prudential Financial
Voluntary Short Term Disability	American Fidelity

## VOLUNTARY SUPPLEMENTAL LIFE

Underwritten by

### Prudential Financial

#### Employee Coverage

The employee's elected amount must be in \$10,000 increments. The elected amount may not exceed \$300,000 or 5 times the employee's annual base salary, whichever is less. The salary amount is rounded to the next higher \$10,000.

Conditional Guaranteed Issue (CGI) up to \$100,000 is available. To be eligible for CGI, you must be an active employee, under age 60, and apply within 31 days of first becoming eligible for this coverage.

Your dependents amount of coverage may not exceed 50% of your approved amount, nor may your dependents participate if you have been denied coverage.

#### Spouse Coverage

The spouse amount must be in \$5,000 increments not to exceed \$100,000.

CGI up to \$50,000 is available. To be eligible for CGI, you must be under age 60, actively at work or capable of performing activities of a person of like age and gender, and apply within 31 days of first becoming eligible for this coverage.

#### Dependent Children

You may select from the following coverage amounts \$2,500, \$5,000, \$7,500 or \$10,000; \$100 for age 15 days to 6 months. Limiting age is 25.

#### Monthly Premium Cost

Per \$1,000 of coverage for employees and spouses. Use age of employee and age of spouse to determine premium rates.

Age	Monthly cost	Age	Monthly Cost
< 30	0.063	55-59	0.496
30-34	0.080	60-64	0.757
35-39	0.090	65-69	1.327
40-44	0.124	70-74	2.43
45-49	0.198	75-79	4.34
50-54	0.298	80+	7.415

The monthly premium is \$.50 for \$2,500 of coverage for dependent children. Dependent children must be at least 15 days old and not more than 25 years of age.

### Benefit Reduction Schedule

The coverage will automatically reduce when enrollees reach the following ages:

Age 65 – reduced to 65% of the pre-age 65 amount

Age 70 – reduced to 50% of the pre-age 65 amount

Age 75 – reduced to 25% of the pre-age 65 amount

Age 80 – coverage amount will be the lesser of \$5,000 or the amount at age 75

### Waiver of Premium

Premium will be waived for you, your spouse and your children if you are insured and become totally disabled for at least six consecutive months. Your total disability must occur while coverage is in force and prior to your age 60. During the six month waiting period, premiums for all coverage must be paid. Limitations and exclusions apply.

### Living Benefit

The Living Benefit for Terminal Illness allows individuals to “tap into” life insurance proceeds early. You can receive up to 50% of the applicable Supplemental group term death benefit in the event of an insured’s terminal illness. The maximum benefit payable under this option is \$100,000. The balance of the coverage will be paid to the beneficiary at the death of the insured. Limitations and exclusions apply.

### Continuation of Coverage

If your employment terminates for any reason or you become ineligible, you and your family may continue your supplemental coverage on a direct payment basis at the same rates as long as the Group Master Policy remains in effect. If you elect this option, you will be billed on a semi-annual basis. A fee per billing will apply, and your premium cost is subject to change.

You must sign an application for continuation and make the first premium payment within 31 days following the termination of your employment or eligibility. Insureds on continued coverage may apply for conversion to permanent coverage at any time, but in no event more than 31 days after the termination of the Group Master Policy.