

CITY OF HOUSTON

GROUP TERM LIFE BENEFIT HIGHLIGHTS

Eligibility:	Active elected officials and active full-time employees working not less than 40 hours per week and active part-time (PT/30) employees working at least 30 hours per week. Seasonal and temporary employees are not eligible.
Basic Benefit:	
Active Employees:	1 times annual earnings, rounded to the nearest multiple of \$1,000, to a maximum of \$300,000, but no less than \$16,000 prior to any applied reductions.
Dependent Spouse:	\$2,000
Dependent Child(ren):	\$1,000
Supplemental Benefit:	
Active Employees:	You may choose 1, 2, 3 or 4 times your annual earnings, rounded to the nearest multiple of \$1,000, to a combined Basic and Supplemental maximum of \$1,000,000.
Dependent Spouse:	0.5 times the Employee's Supplemental Life benefit amount prior to any applied reductions to a maximum of \$50,000.
Dependent Child(ren):	0.5 times the Employee's Supplemental Life benefit amount prior to any applied reductions to a maximum of \$10,000.
<i>Note: No person may be covered more than once under the policy. Child(ren) are eligible up to age 26 (includes stillborn child(ren)).</i>	
Guarantee Issue Amount:	Evidence of Insurability is required for: 1. All amounts for previously eligible individuals who did not enroll within 31 days of initial eligibility; 2. Employee Supplemental amounts in excess of 3 times annual earnings rounded to the nearest multiple of \$1,000; 3. Any requests to increase Supplemental benefits following the initial period of eligibility; 4. All amounts if you voluntarily canceled your insurance and choose to reapply.
Premium:	Your employer pays 100% of the premium for Basic benefits. You pay 100% of the premium for Supplemental benefits.
Life insurance includes the following benefits:	<ul style="list-style-type: none"> • Conversion Privilege • Accelerated Death Benefit (ADB) – Available upon request if diagnosed with a terminal illness and a life expectancy of 12 months or fewer. Pays a lump sum up to 75% of Employee life insurance and a maximum of \$500,000. • Waiver of Premium – If an Employee is unable to engage in any occupation as a result of sickness or injury for at least 6 months, prior to age 60, the Employee life insurance premium will be waived. • Accidental Occupational Death Benefit – Pays an amount equal to the Employee Basic Life benefit amount if the Employee's death is caused by or results in the scope of employment. • Repatriation Services – If the Employee's death occurs more than 100 miles from home, expenses incurred to transport the body of up to \$15,000 are covered when arrangements are made through Europ Assistance USA.
Additional Services:	<ul style="list-style-type: none"> • Beneficiary Resource Services™ – Includes grief, legal and financial counseling for beneficiaries and funeral planning. • Travel Resource Services – Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance; financial, legal and communication assistance; and access to other critical services and resources available via the Internet.

FOR ADDITIONAL INFORMATION REGARDING YOUR BENEFITS, INCLUDING A COPY OF YOUR CERTIFICATE, VISIT WWW.HOUSTONTX.GOV/HR/BENEFITS.

Eligibility:	You are eligible to enroll if you work the minimum number of hours per week by your employer and you have satisfied any waiting period.
Supplemental Life Insurance	
Employee Benefit:	1, 2, 3 or 4 times annual earnings, rounded to the nearest multiple of \$1,000, and a combined Basic and Supplemental maximum of \$1,000,000.
Spouse Benefit:	0.5 times the Employee's Supplemental Life benefit amount prior to any applied reductions and a maximum of \$50,000.
Child Benefit:	Birth to age 26. 0.5 times the Employee's Supplemental Life benefit amount prior to any applied reductions and a maximum of \$10,000.
<i>Note: Spouse and Child(ren) may not have coverage unless the Employee has coverage. The Spouse amount may not exceed the amount for which the Employee is eligible in TX and NY.</i>	
Guarantee Issue¹	
Employee:	3 times annual earnings, rounded to the nearest of \$1,000
Spouse:	\$50,000
Child:	\$10,000

Reduction of Benefits:	None
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EMPLOYEE / SPOUSE Supplemental Life Monthly Rates per \$1,000			
Age ²	Rates	Age ²	Rates
< 30	\$0.095	60-64	\$1.016
30-34	\$0.114	65-69	\$1.590
35-39	\$0.152	70-74	\$2.766
40-44	\$0.200	75-79	\$4.073
45-49	\$0.304	80-84	\$5.381
50-54	\$0.451	85+	\$8.120
55-59	\$0.742		

Dependent Life (Children) Monthly Rates per \$1,000	
Age ²	Rates
< 30	\$0.24
30-44	\$0.30
45-49	\$0.26
50-54	\$0.20
55-59	\$0.14
60+	\$0.06

¹ Assumes 25% participation

² Use Employee Age for all Rates

EMPLOYEE AND SPOUSE SUPPLEMENTAL LIFE INSURANCE
 Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount	ATTAINED AGE												
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$10,000	\$0.48	\$0.57	\$0.76	\$1.00	\$1.52	\$2.26	\$3.71	\$5.08	\$7.95	\$13.83	\$20.37	\$26.91	\$40.60
\$20,000	\$0.95	\$1.14	\$1.52	\$2.00	\$3.04	\$4.51	\$7.42	\$10.16	\$15.90	\$27.66	\$40.73	\$53.81	\$81.20
\$30,000	\$1.43	\$1.71	\$2.28	\$3.00	\$4.56	\$6.77	\$11.13	\$15.24	\$23.85	\$41.49	\$61.10	\$80.72	\$121.80
\$40,000	\$1.90	\$2.28	\$3.04	\$4.00	\$6.08	\$9.02	\$14.84	\$20.32	\$31.80	\$55.32	\$81.46	\$107.62	\$162.40
\$50,000	\$2.38	\$2.85	\$3.80	\$5.00	\$7.60	\$11.28	\$18.55	\$25.40	\$39.75	\$69.15	\$101.83	\$134.53	\$203.00
\$60,000	\$2.85	\$3.42	\$4.56	\$6.00	\$9.12	\$13.53	\$22.26	\$30.48	\$47.70	\$82.98	\$122.19	\$161.43	\$243.60
\$70,000	\$3.33	\$3.99	\$5.32	\$7.00	\$10.64	\$15.79	\$25.97	\$35.56	\$55.65	\$96.81	\$142.56	\$188.34	\$284.20
\$80,000	\$3.80	\$4.56	\$6.08	\$8.00	\$12.16	\$18.04	\$29.68	\$40.64	\$63.60	\$110.64	\$162.92	\$215.24	\$324.80
\$90,000	\$4.28	\$5.13	\$6.84	\$9.00	\$13.68	\$20.30	\$33.39	\$45.72	\$71.55	\$124.47	\$183.29	\$242.15	\$365.40
\$100,000	\$4.75	\$5.70	\$7.60	\$10.00	\$15.20	\$22.55	\$37.10	\$50.80	\$79.50	\$138.30	\$203.65	\$269.05	\$406.00
\$110,000	\$5.23	\$6.27	\$8.36	\$11.00	\$16.72	\$24.81	\$40.81	\$55.88	\$87.45	\$152.13	\$224.02	\$295.96	\$446.60
\$120,000	\$5.70	\$6.84	\$9.12	\$12.00	\$18.24	\$27.06	\$44.52	\$60.96	\$95.40	\$165.96	\$244.38	\$322.86	\$487.20
\$130,000	\$6.18	\$7.41	\$9.88	\$13.00	\$19.76	\$29.32	\$48.23	\$66.04	\$103.35	\$179.79	\$264.75	\$349.77	\$527.80
\$140,000	\$6.65	\$7.98	\$10.64	\$14.00	\$21.28	\$31.57	\$51.94	\$71.12	\$111.30	\$193.62	\$285.11	\$376.67	\$568.40
\$150,000	\$7.13	\$8.55	\$11.40	\$15.00	\$22.80	\$33.83	\$55.65	\$76.20	\$119.25	\$207.45	\$305.48	\$403.58	\$609.00
\$200,000	\$9.50	\$11.40	\$15.20	\$20.00	\$30.40	\$45.10	\$74.20	\$101.60	\$159.00	\$276.60	\$407.30	\$538.10	\$812.00
\$250,000	\$11.88	\$14.25	\$19.00	\$25.00	\$38.00	\$56.38	\$92.75	\$127.00	\$198.75	\$345.75	\$509.13	\$672.63	\$1,015.00
\$300,000	\$14.25	\$17.10	\$22.80	\$30.00	\$45.60	\$67.65	\$111.30	\$152.40	\$238.50	\$414.90	\$610.95	\$807.15	\$1,218.00
\$350,000	\$16.63	\$19.95	\$26.60	\$35.00	\$53.20	\$78.93	\$129.85	\$177.80	\$278.25	\$484.05	\$712.78	\$941.68	\$1,421.00
\$400,000	\$19.00	\$22.80	\$30.40	\$40.00	\$60.80	\$90.20	\$148.40	\$203.20	\$318.00	\$553.20	\$814.60	\$1,076.20	\$1,624.00
\$450,000	\$21.38	\$25.65	\$34.20	\$45.00	\$68.40	\$101.48	\$166.95	\$228.60	\$357.75	\$622.35	\$916.43	\$1,210.73	\$1,827.00
\$500,000	\$23.75	\$28.50	\$38.00	\$50.00	\$76.00	\$112.75	\$185.50	\$254.00	\$397.50	\$691.50	\$1,018.25	\$1,345.25	\$2,030.00

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