

# GROUP TERM LIFE CERTIFICATE SUMMARY



This summary describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on August 12, 2013.

## POLICY INFORMATION

Policyholder: St. Clair County Commission  
Policy Effective Date: August 1, 2013  
Policy Number: GLUG-AQB4  
Class(es): All Other Eligible Employees

Policy Anniversary: August 1  
Group Number: G000AQB4

## ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 40 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 60 days.

## BENEFIT AMOUNT(S)

### Insurance for You (The Employee)

Your amount of life insurance is \$20,000.

Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.

If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

### Insurance for Your Dependent(s)

Your Spouse's amount of life insurance is \$1,000.

The amount of life insurance for Your eligible Dependent child(ren) is based on the age of the Dependent, as follows:

Age of Dependent Child	Amount of Life Insurance
Six months and older .....	\$1,000
14 days to less than six months .....	\$1,000
Less than 14 days .....	\$0

If You have questions regarding the amount of insurance for Your Dependent(s), You may contact the Policyholder.

## Benefit Reduction(s)

As You grow older, the amount of life and AD&D insurance for You will be reduced according to the following schedule:

At the Age of:	The Original Amount of Insurance Will Reduce to:
65 .....	65%

## FEATURE(S)

### Living Benefits

In the event You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for an advance payment of part of Your life insurance death benefit. The maximum amount of Living Benefits available is 75% of the amount of life insurance for You in effect at the time of the request or \$15,000, whichever is less.

**Additional Accidental Death and Dismemberment (AD&D) Benefit(s)**

In addition to basic AD&D benefits, You are protected by the following benefit(s):

- Airbag
- Common Carrier
- Seat Belt

**Continuation of Insurance for Layoff or Leave, Injury or Sickness, or Partial Disability**

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, subject to certain conditions.

**Continuation of Insurance for Total Disability with Waiver of Premium**

You may be able to continue insurance for You from the day You cease to be Actively Working due to Your Total Disability, subject to certain conditions.

**Conversion**

If group life insurance ends or the benefit reduces, You or any of Your Dependent(s) may apply for an individual policy of life insurance, subject to certain conditions.

**EXCLUSION(S)**

Several exclusions apply to the accidental death and dismemberment (AD&D) benefits as described in the Certificate.