



Voluntary Life Insurance

For Business Health Trust

How the Plan Works

Life is full of many twists and turns. LifeMap Voluntary Life coverage protects your family's future, no matter what life may throw your way.

- Eligibility Requirement**
 If you are a full-time active employee working a minimum of 20 hours per week and enrolled in the Basic Life plan, you are eligible to be covered with these benefits.
- Who pays for the coverage?**
 Voluntary Life Insurance premiums are paid by you, the employee, through payroll deduction.
- Guarantee Issue***
 Enroll within 31 days of your initial eligibility date and with no questions asked, you will be covered for up to \$40,000 in Life. With a few extra steps of completing our Evidence of Insurability requirements, you may be covered for up to \$100,000!
 *Minimum participation rates apply.

Benefits Summary	
Plan Benefits	
Employee Life Insurance	\$20,000 increments to a maximum of \$100,000
Guarantee Issue Amount	
Employee	\$40,000
Plan Features	
Accelerated Benefit	A covered employee who is diagnosed as terminally ill may receive a portion of the life insurance benefit before death. Remaining benefits are reserved for the member's beneficiary.
Conversion	Voluntary Life may be converted to an individual policy, without proof of insurability, within 31 days of loss of eligibility.
Portability	Voluntary Life may be ported without proof of insurability within 31 days of loss of eligibility. If elected, portability coverage will end the earliest of when you reach age 65 or when this master policy terminates.
Waiver of Premium	Life coverage may be continued without payment of premium if a covered employee becomes totally disabled prior to age 60 (proof of disability required). Coverage may be continued up to age 65.
Reduction Schedule	
If you are still working the required number of hours to be eligible for this insurance at age 70, your benefits will reduce to 50% at age 70, to 30% at age 75, and to 20% at age 80..	

LifeMapCo.com
1 (800) 794-5390

This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.

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Monthly Rates

Uni-Tobacco, per \$1,000 of Benefit	
Age	Employee
Under 30	\$0.10
30-34	\$0.11
35-39	\$0.13
40-44	\$0.24
45-49	\$0.42
50-54	\$0.71
55-59	\$1.22
60-64	\$1.41
65-69	\$2.48
70-74	\$4.35
75 and over	\$6.65

Limitations & Exclusions

Life: No restrictions or exclusions regarding time, place or circumstances of death.

Monthly Premium Calculation

To calculate your monthly payroll deduction, use the formula below:

$$\begin{array}{c}
 \boxed{} \div \boxed{1,000} \times \boxed{} \\
 \text{Desired} \qquad \qquad \qquad \text{Rate} \\
 \text{Benefit} \qquad \qquad \qquad \text{(from table left)} \\
 \\
 \text{Estimated Monthly} \quad \boxed{} \\
 \text{Payroll Deduction:}
 \end{array}$$

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