

Plan Code: SE0003

# Supplemental Employee Life/AD&D Benefit Summary

## For Employers with 20 – 50 Eligible Employees

Supplemental Life/AD&D Insurance allows the employee to buy more life insurance than the Basic amount provided by the employer. The Accidental Death and Dismemberment (AD&D) portion is automatically included with Supplemental Life and provides the employee with additional insurance coverage for the loss of life or injuries sustained in an accident on or off the job.\*

Coverage	Benefit	Definition
<b>Incremental Flat Amount</b>	\$25,000 increments	<i>Employee can select the amount of coverage desired in defined increments to the plan maximum.</i>
<b>Plan Maximum</b>	\$200,000	<i>The maximum amount available to be purchased</i>
<b>Guarantee Issue</b>	\$25,000	<i>Amount of benefit guaranteed. Benefits over this amount are subject to proof of good health. Evidence of Insurability must be submitted and approved.</i>
<b>Portability</b>	Included	<i>Allows the employee to continue coverage under certain circumstances when no longer employed.</i>
<b>Minimum Participation</b>	30% of Eligible Group	<i>Minimum number of eligible employees that must enroll in the plan for the plan to be installed.</i>

*Insurance underwritten by United HealthCare Insurance Company, Unimerica Life Insurance Company of New York, or Unimerica Insurance Company,*

*\* Limitations for AD&D Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.*

*Additional Value Added services are included at no cost to the employee. These include:*

- *Beneficiary Services*
- *Travel Assistance Services*
- *Will and Trust Services*

This Benefit Summary is intended only to highlight your benefits and should be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are contained in the Certificate of Coverage that you will receive upon enrollment in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

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Coverage	Benefit	Definition
<b>Multiple of Salary</b>	1X or 2X Salary to \$200,000	<i>Employee can select the amount of coverage desired in a multiple of their salary to the plan maximum.</i>
<b>Plan Maximum</b>	\$200,000	<i>The maximum amount available to be purchased</i>
<b>Guarantee Issue</b>	\$25,000	<i>Amount of benefit guaranteed. Benefits over this amount are subject to proof of good health. Evidence of Insurability must be submitted and approved.</i>
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