

Enrollment at a glance

A guide to your plan basics

CSAC Excess Insurance Authority City of Santa Rosa, Account 118

**Take advantage of insurance offered at your workplace.
It's convenient and affordable.**

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by CSAC Excess Insurance Authority can be an important part of your financial security.

CSAC Excess Insurance Authority provides you with Basic Life Insurance coverage and Accidental Death and Dismemberment Insurance as follows:

Unit	Unit Name	Basic Life Amount	Basic AD&D Amount
Unit 2	Firefighters	\$12,000	N/A
Unit 3	Maintenance	\$20,000	N/A
Unit 4	Support Services	\$20,000	N/A
Unit 5	Police Officers	\$10,000	N/A
Unit 6	Professional	\$20,000	N/A
Unit 7	Technical	\$20,000	N/A
Unit 8	Transit	\$20,000	N/A
Unit 9	Public Safety Management	\$30,000	\$30,000
Unit 10	Executive Management	\$50,000	\$50,000
Unit 10S	Safety Executive Management	\$50,000	\$50,000
Unit 11	Confidential Mid-Management	\$50,000	\$50,000
Unit 12	Confidential	\$50,000	\$50,000
Unit 14	Police Civilian Technical	\$50,000	N/A
Unit 15	City Appointed Officials	\$250,000	\$250,000
Unit 16	Utilities Systems Operators	\$20,000	N/A
Unit 17	Professional Attorneys	\$50,000	\$50,000
Unit 18	Mid-Management	\$50,000	\$50,000
Unit 99	Elected Officials	\$50,000	\$50,000

Eligible employees may apply for more coverage in the Supplemental Group Term Life Insurance program.

Your Life Insurance Benefit Includes	
Convenient Payroll Deductions	<i>(Applicable for Supplemental Life Only)</i> Since deductions are taken directly from your paycheck, you never have to worry about late payments or lapse notices.
“Take it With You”	<i>(Applicable for Supplemental Life Only)</i> The portability option allows for continued coverage that can help protect your family even when your current employment ends.
Waiver of Premium	If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.
Accelerated Benefit	You may collect a portion of your death benefit (typically 50%) while you are living, if you are diagnosed with a terminal condition with a limited life expectancy under six months (may vary by state).

Refer to the information on the following pages to learn more about Supplemental Group Term Life Insurance options and determine your coverage cost.

Supplemental Term Life Insurance Coverage Options		
	For You	For Your Spouse
Eligibility	All active employees working 20+ hours per week.	Coverage is available only if Employee Supplemental Life Insurance is elected.
Coverage Options	\$10,000 to \$200,000 in \$10,000 increments.	\$10,000 to \$50,000 in \$10,000 increments. Coverage is limited to 50% of the total amount of Employee Supplemental Life Insurance coverage.
Guaranteed Issue Offer*	New Hire – You can elect up to \$100,000 of coverage during the initial eligibility period without providing proof of good health.	New Hire – You can elect up to \$20,000 of coverage during the initial eligibility period without providing proof of good health on your spouse.
Supplemental Accidental Death & Dismemberment Insurance	Coverage is available in an amount equal to Employee Supplemental Life Insurance up to \$200,000.	Coverage is available in an amount equal to 50% of the Employee’s Supplemental AD&D amount.
Age Reduction(s)	Benefit amounts reduce to 65% of original coverage at age 65, and to 50% of original coverage at age 70.	Benefit amounts reduce to 65% of original coverage at spouse age 65, and to 50% of original coverage at spouse age 70.

Accidental Death & Dismemberment coverage has exclusions that are described in the certificate of insurance or riders.

*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, or you submit an application for coverage more than 31 days after the date you become eligible. Proof of good health is subject to approval by the insurance company.

Insurance Rate Information and Premium Calculator

The cost is calculated based on the age of the employee or spouse at the start of the plan's current policy year.

The rates shown are guaranteed until 06/30/2017.

Employee and Spouse Supplemental Life Insurance Rates

Age	Monthly Cost per \$1,000 of Coverage
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.41
60-64	\$0.61
65-69	\$1.22
70 +	\$2.03

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

Coverage type	Monthly Cost per \$1,000 of Coverage
Employee Supplemental AD&D	\$0.05
Spouse Supplemental AD&D	\$0.05

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

Supplemental Life Insurance	For You	For Your Spouse
Step 1: Select the amount of insurance you want	\$	\$
Step 2: Divide this number by \$1,000	\$	\$
Step 3: Enter the rate from the table(s) above	\$	\$
Step 4: Multiply Step #2 by Step #3	(A)	(B)
	\$	\$
Step 5: Add (A), (B), and (C) for the Total Monthly Premium	\$	

Supplemental AD&D Insurance	For You	For Your Spouse
Step 6: Select the amount of insurance you want	\$	\$
Step 7: Divide this number by \$1,000	\$	\$
Step 8: Enter the rate from the table(s) above	\$	\$
Step 9: Multiply Step #7 by Step #8	(A)	(B)
	\$	\$
Step 10: Add (A), (B), and (C) for the Total Monthly Premium	\$	

Total Monthly Premium - Add Step 5 and Step 10	\$
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This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Policy form LP00GP (may vary by state).

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Taking advantage of insurance offered at the workplace just makes sense.
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Disability Income coverage provides benefits to replace a portion of your lost income if you have a sickness or injury and are unable to work. **Long Term (Monthly) Income Benefits** help provide you financial support that will fill the gap between expenses and income for an extended period of disability.

Long Term Disability (Monthly) Income Benefits	
For You	Your employer provides a base amount of coverage to all eligible employees, which replaces up to 60% of your eligible income during disability following a waiting period.
Eligibility	All active employees in eligible units working 20+ hours per week in eligible units.
Benefits	<ul style="list-style-type: none">• Minimum Benefit = \$100• Maximum Benefit = See table• Elimination Period = See table

Unit	Maximum Monthly Income Benefit	Benefit Waiting Period	Maximum Benefit Period
Unit 3: Maintenance	\$5,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 4: Support Services	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 6: Professional	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 7: Technical	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 8: Transit	\$5,000	90 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 10: Executive Management	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 10S: Safety Executive Management	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 11: Confidential Mid-Management	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 12: Confidential	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 14: Police Civilian Technical	\$5,000	30 days	ADEA I
Unit 15: City Appointed Officials	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 16: Utilities Systems Operators	\$5,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 17: Professional Attorneys	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 18: Mid-Management	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA
Unit 99: Elected Officials	\$6,000	60 days, or the period of sick leave (including catastrophic leave) for which you are eligible under the employer's sick leave plan, whichever is longer.	SSNRA

Maximum Period of Payment	ADEA I	Age at Disability	Maximum Benefit Period
		Less than age 61.....	to age 65
		61 but less than 62.....	48 months
		62 but less than 63.....	42 months
		63 but less than 64.....	36 months
		64 but less than 65.....	30 months
		65 but less than 66.....	24 months
	SSNRA	Age at Disability	Maximum Benefit Period
		Less than age 61.....	to your normal retirement age,* but not less than 60 months
		61 but less than 62....	to your normal retirement age,* but not less than 48 months
		62 but less than 63....	to your normal retirement age,* but not less than 42 months
		63 but less than 64....	to your normal retirement age,* but not less than 36 months
		64 but less than 65....	to your normal retirement age,* but not less than 30 months
		65 but less than 66.....	24 months
		66 but less than 67.....	21 months
		67 but less than 68.....	18 months
		68 but less than 69.....	15 months
		69 and over.....	12 months

Note that all benefits are subject to change.

This is a summary of benefits only. A complete description of benefits and limitations will be provided in the certificate of coverage, policy form HP08GP (may vary by state). Underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies.

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