#### **UNITED OF OMAHA LIFE INSURANCE COMPANY** A MUTUAL of OMAHA COMPANY





# Term Life Insurance FOR EMPLOYEES OF EASTPOINTE COMMUNITY SCHOOLS

ELIGIBILITY - ALL	ELIGIBLE ECA	A UNION ADMIN EMPLOYEES	
Eligibility Requirement		You must be actively working a minimum of 30 hours per week to be	
		eligible for coverage.	
Premium Payment		The premiums for this insurance are paid in full by the policyholder. There	
		is no cost to you for this insurance.	
BENEFITS			
Life Insurance Benefit Amount	For You: An amount equal to 2 times your annual salary, but in no event less than \$0 or more than \$200,000		
	In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.		
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.		
FEATURES			
Living Care/ Accelerated Death Benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$150,000.		
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.		
Additional	In addition to basic AD&D benefits, you are protected by the following benefits:		
AD&D	- Child Education - Seat Belt - Airbag		
Benefits	- Coma - Paralysis		
Portability	Allows you to continue this insurance program should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.		
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.		
SERVICES			
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.		
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.		
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.		

#### EXCLUSIONS

Insurance benefits and guarantee issue amounts are not subject to age reductions.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

# >Frequently Asked Questions

#### Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

#### What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

### What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

# Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

### Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

• Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.

