

**Jeff Davis County Schools**  
**Voluntary Life Benefit Summary**  
**Class 1 - All Eligible Full-Time Employees**

<b>Full-time Employee Requirement</b>	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
<b>Life Amount</b>	A flat amount in \$1,000 increments with a Minimum of \$10,000 and a Maximum of \$500,000 not to exceed 5 times your annual base salary, rounded to the next higher \$1,000.
<b>Guaranteed Issue Amount</b>	\$200,000
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Principal Sum Amount</b>	A flat amount in \$1,000 increments with a Minimum of \$10,000 and a Maximum of \$500,000 not to exceed 5 times your annual base salary, rounded to the next higher \$1,000.
<b>Definition of Earnings</b>	Annual base salary only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
<b>Reduction Schedule</b>	There are no reductions.
<b>Accelerated Life Benefit</b>	The Employee may request payment of 25%, 50%, or 75% of the Life Amount if the Employee is diagnosed with a terminal condition, as defined in the Certificate.
<b>Waiver of Premium</b>	AUL may waive further premium payments for the Employee's Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 9 months, and submits proof of Total Disability.
<b>Conversion</b>	If the Employee's Life Insurance or a portion of it ceases, the Employee may be entitled to convert his / her policy. The Employee can refer to his or her Certificate for specific details of this provision.
<b>Portability</b>	You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

**Life Event Benefit (LEB)**

If eligible and a qualifying Life event has occurred, you may apply for an additional amount of coverage. The amount of coverage after the increase can not be greater than the maximum amount of coverage available.

**Accidental Death & Dismemberment (AD&D)**

While insured under the Policy, if the Employee has an accident which results in a loss or condition specified in the chart below, AUL will pay the amount shown. The loss or condition must occur within 365 days from the date of the accident and AUL must receive acceptable proof of loss or condition.

**Loss Schedule**

## Loss

Life [AD&amp;D Principal Sum]

Both hands or both feet or sight of both eyes [AD&amp;D Principal Sum]

Speech and hearing [AD&amp;D Principal Sum]

One hand and one foot [AD&amp;D Principal Sum]

One hand and sight of one eye [AD&amp;D Principal Sum]

One foot and sight of one eye [AD&amp;D Principal Sum]

Sight of one eye [Half of AD&amp;D Principal Sum]

One hand or one foot [Half of AD&amp;D Principal Sum]

Speech or hearing [Half of AD&amp;D Principal Sum]

Thumb and index finger [Quarter of AD&amp;D Principal Sum]

## Conditions

Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body [AD&amp;D Principal Sum]

Paraplegia or Loss of Use of Both Lower Limbs of the Body [Half of AD&amp;D Principal Sum]

Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body [Half of AD&amp;D Principal Sum]

Monoplegia or Loss of Use of One Limb of the Body [Quarter of AD&amp;D Principal Sum]

Severe Burns [AD&amp;D Principal Sum]

The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by the Employee.

**Voluntary Dependent Term Life and AD&D**

## Plan 1

Employee's Spouse Under age 100 - A flat amount in \$500 increments with a Minimum of \$10,000 and a Maximum of \$500,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$50,000.

Dependent Child\* - 6 months to age 26 \$2,500

Dependent Child - live birth to 6 months \$1,000

Plan 2

Employee's Spouse Under age 100 - A flat amount in \$500 increments with a Minimum of \$10,000 and a Maximum of \$500,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$50,000.

Dependent Child\* - 6 months to age 26 \$5,000

Dependent Child - live birth to 6 months \$1,000

Plan 3

Employee's Spouse Under age 100 - A flat amount in \$500 increments with a Minimum of \$10,000 and a Maximum of \$500,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$50,000.

Dependent Child\* - 6 months to age 26 \$7,500

Dependent Child - live birth to 6 months \$1,000

Plan 4

Employee's Spouse Under age 100 - A flat amount in \$500 increments with a Minimum of \$10,000 and a Maximum of \$500,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$50,000.

Dependent Child\* - 6 months to age 26 \$10,000

Dependent Child - live birth to 6 months \$1,000

\*Age and definition of Child(ren) may vary by state.

**Benefit Features Offered for  
Voluntary Term Life and AD&D**

Seat Belt

Air Bag

Repatriation

Spouse/Child Higher Education

Disappearance

Exposure

Spouse/Child Care

Dependent Spouse Accelerated Life Benefit (ALB)

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.