USAble Life

EMPLOYEE BENEFITS SUMMARY | 50055653
ROMAN CATHOLIC BISHOP OF SALT LAKE CITY DBA CATHOLIC DIOCESE OF SALT LAKE CITY

FOR ALL FULL TIME ACTIVE JUDGE MEMORIAL HS EMPLOYEES

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT	EMPLOYER CONTRIBUTION: 100%

AMOUNT OF COVERAGE: Pays a benefit of $55,000 without evidence of insurability.

Benefits reduce, based on your age, to 65% at age 70, and to 50% at age 75, and then terminate when you are no longer eligible or your retirement, whichever occurs first. Reductions occur at the Policy Anniversary.

GROUP TERM LIFE insurance is designed to provide benefits to your designated beneficiary for loss of life.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) is payable, if within 365 days of a covered accident, you suffer loss of life or dismemberment. AD&D provides protection for losses occurring on or off the job.

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:

- Beneficiary Assistance Program
- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Portability
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Child Care Center Benefit
- Common Carrier Benefit
- Felonious Assault Benefit
- Special Education Benefit
- Spouse Training Benefit
- Safety Equipment Benefit
- Total Loss of Use Benefit
- Travel Assistance
- Identity Theft Protection
- Dignity Planner

VOLUNTARY GROUP TERM LIFE	EMPLOYER CONTRIBUTION: 0%

Employee: If you are age 69 or younger, you may purchase coverage in units of $5,000 to a maximum of $50,000 through age 69, and $0 after reaching age 70 without evidence of insurability. Coverage over these amounts to a maximum of $300,000 is available with evidence of insurability. Coverage cannot exceed 6 times your Basic Annual Earnings.

Benefits reduce, based on your age, to 65% at age 70, and to 50% at age 75, and then terminate when you are no longer eligible or your retirement, whichever occurs first. Reductions occur at the Policy Anniversary.

Spouse: If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible spouse, age 69 or younger, in units of $5,000 to a maximum of $20,000 through age 69, and $0 after reaching age 70 without evidence of insurability. Coverage over these amounts to a maximum of $300,000 is available with evidence of insurability.

Benefits reduce, based on spouse's age, to 65% at age 70, and to 50% at age 75, and then terminate when you are no longer eligible or your retirement, whichever occurs first. Reductions occur at the Policy Anniversary.

Child: If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible children between the ages of 6 months and 26 years from $2,000 to $10,000 in increments of $2,000.

Benefits terminate when they are no longer eligible, or at the termination of your eligibility, whichever occurs first.

VOLUNTARY GROUP TERM LIFE (VGTL) If you need additional term life protection for you and your eligible family members, think about USAble Life's low cost VGTL coverage. You select the benefit amounts to suit your specific situation and premium payments are made through payroll deduction.

VOLUNTARY GROUP TERM LIFE ALSO INCLUDES THE FOLLOWING:

- Beneficiary Assistance Program
- Accelerated Benefit
- Dignity Planner
- Portability
- Extended Life Insurance Benefit (Waiver of Premium)

Important Note

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of USAble Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USAble Life's policies set forth the rights and obligations of covered persons and USAble Life. Please be aware that certain participation requirements, limitations, or exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

This benefit summary was generated by USAble Life on 10/2/2023 at 10:22 AM and may not reflect changes recently submitted to USAble Life.

USAble Life
P.O. Box 1650
Little Rock, Arkansas 72203

Group Enrollment or Change Form

(Please print or type in Black ink.)

☐ New Employee ☐ Declination ☐ Class or Salary Change
☐ Beneficiary Change ☐ Change of Name ☐ Termination Date: _____
☐ Dependent Status Change (Indicate reason _____)
☐ Reinstatement (Complete Date of Rehire as Employment Date)

Group # _____
Class _____
Dept/Location _____
Eff Date _____

SECTION 1 - APPLICANT INFORMATION

Employee Legal Name (First, M.I., Last)			For Name Change, Give Prior Last Name	
Home Address	City	State	Zip	Telephone No.
Social Security #	Date of Birth	Gender ☐ Male ☐ Female		Marital Status
Occupation	Hours worked weekly		Date Employed Full-time	
Employer's Name			Salary $ _____ ☐ Weekly ☐ Monthly ☐ Annual	

SECTION 2 - Complete this Section if applying for Optional Coverage(s). Evidence of Insurability (EOI) may be required when applying for these coverage(s).

	Add	Delete
Dependent Life	☐	☐
Supp Life	☐	☐
Supp AD&D	☐	☐
STD	☐	☐
LTD	☐	☐
	☐	☐
	☐	☐
	☐	☐

Indicate Date of: Marriage/Divorce_____ Birth of Child_____

Dependents to be Covered	Relationship	Birthdate	SSN

SECTION 3 - BENEFICIARY DESIGNATION /CHANGE ■ Check if Change Only

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For those coverages I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a denial of insurance benefits in accordance with applicable state law.

_____ Date

_____ Signature of Employee

Date Received - Home Office

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