Term Life/AD&D

\$25,000

Benefits include:

- Guaranteed issue term life insurance, down to two lives
- Accidental Death & Dismemberment (AD&D) benefit package, including:
 - Seat belt/air bag benefit
 - Public transportation benefit
 - Education benefit
 - Repatriation benefit
 - Brain damage benefit
 - Coma benefit
 - Felonious assault benefit
- Accelerated death benefit
- Prompt claims processing—most paid within 7 business days
- 2 year rate guarantee
- Life and AD&D are sold as a package

Age Reduction

Reduce to 50% of original amount at age 70

Participation Requirements

- Employer Paid
 75% participation or two non-related covered lives, whichever is greater
- Voluntary
 20% participation or five covered lives,
 whichever is greater

- Guaranteed issue down to 2 lives
- 2 year rate guarantee
- AD&D package included

PROUDLY BROUGHT TO YOU BY:

LIFE LIMITATIONS AND EXCLUSIONS

Life Insurance benefits will not be payable if death is caused by or results from suicide, whether sane or insane, within two years from the date coverage becomes effective.

AD&D LIMITATIONS AND EXCLUSIONS

A loss that is directly or indirectly a result of one or more of the following is not a Covered Loss even though it was caused by an accidental bodily injury:

- bodily or mental infirmity or disease of any kind, or an infection (unless due to an accidental cut or wound):
- medical or surgical treatment, except where it is both: (a) treatment
 of an injury that meets the tests of a Covered Loss; and (b) treatment
 performed within 90 days after the injury;
- your participation in a war or an act of war, declared or undeclared;
- your service in the armed forces of any country or international authority for a period longer than 15 days;
- your unlawful participation in a riot, rebellion, or insurrection;
- your attempting to commit, or committing, an assault or felony;
- an intentionally self-inflicted injury or illness while sane or insane;
- suicide or attempted suicide whether sane or insane;
- riding in or descending from any kind of aircraft: as a passenger on an aircraft operated by or for the armed forces; or as a pilot or crew member. (A crew member is anyone who has duties at any time on the flight, involving either the flight or the aircraft); or as a participant in aviation training (student or instructor); or as a participant in a sporting event or hobby;
- your intoxication, as defined under the laws of the jurisdiction in which your Covered Loss occurred, except in the case of a narcotic that was administered or consumed on the advice of a physician; or the voluntary taking of any kind of gas, except during the course of employment; the voluntary taking of any poison except in the case of accidental food poisoning; or participating in any hazardous activity such as: Scuba Diving, Bungee Jumping, Skydiving, Hang Gliding, Ballooning, Drag Racing, Competitive Racing, Aerial Hunting, Aerial Skiing, and Parachuting; or work or service in a country that is included or has been included in the past six months on the International Travel Warning list that is issued by the U.S. Department of State (www.travel.state.gov).

UNDERWRITING GUIDELINES

MINIMUM GROUP SIZE

Plan offered to groups with 2 or more non related full time employees; or 5 or more full time employees for voluntary groups.

EMPLOYEE ELIGIBILITY

Full time employees working 20 or more hours per week are eligible. Voluntary group employees must enroll within 31 days of becoming eligible or be subject to providing evidence of insurability, (product does not include annual open enrollment).

GROUP ELIGIBILITY

The plan is available to employers that have been in business more than one year. Coverage is not available to:

- Groups funded by the government or any government agency.
- Groups that are home based or seasonal in nature.
- Groups with more than 90% family content, for groups with 2-9 lives.
- Groups with an eligible employee age 70+ (applied only to groups with 2-9 eligible lives).
- Groups with the following SIC Codes: 721, 811 to 1499, 2411 to 2431, 2892, 3292, 3482 to 3492, 4011 to 4173, 4215, 4311 to 4581, 5921, 7363, 7382, 7521, 7996, 7999, 8611 to 8699, 8811 to 9111, 9211 to 9999.

This list of ineligible Firms is representative only and not all-inclusive.

MINIMUM PARTICIPATION REQUIREMENTS

100% of employees must participate if employer pays the full cost of the coverage. At least 75% of employees must participate if employees contribute toward the cost with a minimum of 2 covered lives.

MINIMUM PARTICIPATION REQUIREMENTS – VOLUNTARY GROUPS

At least 20% of employees (or 5 employees, whichever is greater) must participate. This requirement must be maintained at renewal.

PLAN REDUCTION

Plan will reduce to 50% of original amount upon employee's attainment of age 70.

NOT AVAILABLE IN: CO, CT, FL, MA, NH, NY, RI, TX, VT, WA



This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Group Life Policy GP2010MP (and any state specifics). Premium rates may change upon renewal. This policy is renewable at the option of the Company.

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GemStar 1500 Life Rates

Follow the steps below to find your **GemStar Life/AD&D** monthly premium:

1 Find employees' monthly premium by locating their age and gender under the applicable contribution level for the group.

Employer Paid Monthly Premium				
Age	Male	Female		
Under 30	\$3.50	\$2.25		
30-39	\$3.75	\$2.50		
40-49	\$8.00	\$4.25		
50-59	\$20.75	\$9.50		
60-69	\$38.50	\$17.50		
70+*	\$92.63	\$69.50		

Voluntary Monthly Premium			
Age	Premium		
Under 30	\$3.00		
30-39	\$3.25		
40-49	\$5.50		
50-59	\$14.75		
60-69	\$34.00		
70+**	\$74.75		

*Employer Paid groups with less than 10 employees are ineligible if they have any employee age 70+.

**Voluntary coverage is not available for groups with less than 5 covered employees. Employees age 70+ are not eligible for coverage if the employer group has 5-9 eligible employees.

The Life/AD&D Benefit is \$25,000 for under age 70 and \$12,500 for age 70+.

2 Use the following chart to determine each employee's monthly premium.

Employee Name	Male / Female	Age	Monthly Premium
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If you require more room, please use a separate sheet to calculate.	Total Life/AD&D Premium for Group		\$