



Benefit Summary for Employees of University System of New Hampshire

GROUP TERM LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Eligibility – Class I	All eligible employees of USNH who are employed in a status position working 75% or more of a normal work schedule.
Life	
Option A	\$10,000
Option B	Greater of \$10,000 or 1.5 times Regular Budgeted Salary, rounded to next higher \$1,000
Option C	3 times Regular Budgeted Salary, rounded to next higher \$1,000
Option D	4.5 times Regular Budgeted Salary, rounded to next higher \$1,000 Minimum Benefit - \$10,000; Maximum Benefit: \$1,500,000
Accidental Death & Dismemberment	
Option A	\$10,000 plus \$25,000
Option B	1.5 times Regular Budgeted Salary, rounded to next higher \$1,000, plus \$25,000
Option C	3 times Regular Budgeted Salary, rounded to next higher \$1,000, plus \$25,000
Option D	4.5 times Regular Budgeted Salary, rounded to next higher \$1,000, plus \$25,000 Minimum Benefit - \$10,000; Maximum Benefit: \$1,500,000
Options A & B are Employer Paid Options C & D are Employee Paid for amounts above 1.5 salary	
Eligibility – Class II	All eligible employees of the USNH who are employed in a status position working 50% to 74% of a normal work schedule.
Life	1.5 times Regular Budgeted Salary, rounded to next higher \$1,000
Accidental Death & Dismemberment	1.5 times Regular Budgeted Salary, rounded to next higher \$1,000, plus \$25,000 Minimum Benefit - \$10,000; Maximum Benefit: \$1,500,000
Additional Accidental Death & Dismemberment-Safety & Police Officers	\$100,000 – employer paid
Voluntary Accidental Death & Dismemberment Insurance (Personal Accident Insurance)	\$50,000 or \$100,000 or \$150,000
Reduction Schedule	All coverage except the Additional AD&D reduce to 50% at age 70, rounded to the next higher \$500 if not already a multiple thereof.



ACCELERATED DEATH BENEFIT
CONVERSION
DISABILITY WAIVER OF PREMIUM BENEFIT

Included for Life
Included for Life
Included for Supplemental Life

Rates are guaranteed until January 1, 2013.

The rate chart below gives you the cost per **month** per \$1,000 of Employee Supplemental Life Insurance (Convenient Payroll Deductions).

Cost per \$1,000 per month

<u>Age</u>	<u>Employee/Rate (Cost / \$1,000)</u>
Under 25	\$0.04
25-29	\$0.04
30-34	\$0.04
35-39	\$0.05
40-44	\$0.08
45-49	\$0.12
50-54	\$0.18
55-59	\$0.33
60-64	\$0.63
65-69	\$1.11
70-74	\$1.76
75+	\$2.06
Supplemental AD&D Insurance	\$0.02
Voluntary AD&D – (PAI)	\$0.02
Additional AD&D-Safety & Police Officers	\$0.02

This is a summary of benefits only. A complete description of benefits and limitations will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. Insurance products and services provided by ReliaStar Life Insurance Company, a member of the ING family of companies. Life Insurance is provided under Policy form LP00GP. Voluntary AD&D (PAI) Insurance is provided under Policy form HP09GP.