

Group Term Life Insurance – Supplemental Coverage Enrollment at a Glance

Convenient, affordable life insurance offering financial protection for your loved ones.

For the employees of 1st Source Employee Management, Inc. All Employees in an Eligible Class

What is Group Term Life Insurance?

Group Term Life Insurance is offered through your employer and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a “term”). The term of this coverage is generally one year, renewing on an annual basis with your other employer-offered benefits. Your employer offers Basic Life Insurance, which is the amount they provide at no cost to you. You also have the option to elect additional coverage called Supplemental Life Insurance.

What is Accidental Death and Dismemberment (AD&D) Insurance?

AD&D Insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through your employer.

How can life insurance help?

Below are a few examples of how your life insurance benefit could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children’s education

Who is eligible for life insurance?

- You—all active employees in an eligible class working 30+ hours per week.
- Your spouse*—If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse rider/benefit. Coverage is available only if Employee Supplemental Life Insurance is elected.
- Your children—Coverage is available only if Employee Supplemental Life Insurance is elected.

**The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.*

What amount of coverage am I eligible for?

- For you
 - Eligible employees may elect Supplemental Life Insurance of \$10,000 to \$500,000 in \$10,000 increments, not to exceed 5 times basic annual earnings. Maximum of \$50,000 if over age 70.
 - Eligible employees may elect Supplemental AD&D Insurance in an amount equal to your Supplemental Life Insurance amount.
- For your spouse
 - Eligible employees may elect Spouse Supplemental Life Insurance of \$5,000 to \$100,000 in \$5,000 increments not to exceed 50% of your approved employee Supplemental Life Insurance amount.
 - Eligible employees may elect Spouse Supplemental AD&D Insurance in an amount equal to your spouse Supplemental Life Insurance amount.
- For your children
 - Eligible employees may elect Children Supplemental Life Insurance of \$2,000, \$4,000, \$6,000, \$8,000 or \$10,000 for Children age 6 months to 26. Children from age 14 days to 6 months are covered for \$2,000.
 - Eligible employees may elect Children Supplemental AD&D Insurance in an amount equal to your children Supplemental Life Insurance amount.

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What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If you have a medical condition that requires permanent continuous confinement in an institution or are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Continuation:** If on an approved absence from work, you may continue your life insurance coverage under the employer's group policy for a set amount of time. Premiums must be paid during this time.
- **Conversion:** You, your spouse and/or your children may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- **Portability:** You may apply to continue your Basic and Supplemental coverage when you leave your current employer and pay premiums to the insurance company directly.
- **Waiver of Premium:** If you become unable to work due to total disability, your Basic and Supplemental Life Insurance can be continued without premium payment.
- **Convenient Payroll Deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

Do I need to provide evidence of insurability (answer health questions) to be covered?

New Hires

- For you—You may elect up to \$200,000 of Supplemental Life Insurance without providing evidence of insurability.
- For your spouse—You may elect up to \$30,000 of Supplemental Life Insurance on your spouse without providing evidence of insurability.
- For your children—You may elect up to \$10,000 of Supplemental Life Insurance on your children without providing evidence of insurability.
- If you elect higher amount(s), you will need to submit evidence of insurability to the insurance company for approval before coverage becomes effective.

Annual Enrollment

- For you
 - If you previously did not elect Supplemental Life Insurance at your initial enrollment, you must provide evidence of insurability.
 - If you previously enrolled in Supplemental Life Insurance, you may elect to increase your coverage amount by 2 plan increments up to \$200,000. Any additional increase would require evidence of insurability.
- For your spouse
 - If you previously did not elect Spouse Supplemental Life Insurance at your initial enrollment you must provide evidence of insurability on your spouse before coverage becomes effective
 - If you previously enrolled and want to increase coverage your spouse coverage you must provide evidence of insurability on your spouse.
- For your children
 - None
- When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

Will my benefits decrease as I get older?

- For you - Benefit amount(s) reduce to 65% of original coverage at age 65 and to 50% of original coverage at age 70 and after.
- For your spouse - Benefit amount(s) reduce to 65% of original coverage at spouse age 65 and to 50% of original coverage at age 70 and after.

Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.

- **Travel Assistance:** When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

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Exclusions and Limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

Are there additional non-insurance services available?

- **Funeral Planning and Concierge Services:** You have the support of a team of independent professionals ready to assist with funeral planning for you and eligible family members.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Who do I contact with questions?

For more information, please call the Voya Employee Benefits Customer Service Team at 1-800-955-7736.

This offer is contingent upon participation requirements being met.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

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Bi-Weekly Employee Life Premiums

Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.

Refer to Supplement Life Insurance product brochure for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

Bi-Weekly Rate per											
\$1,000	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0.0231	<25	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	\$1.62	\$1.85	\$2.08	\$2.31
0.0277	25 - 29	\$0.28	\$0.55	\$0.83	\$1.11	\$1.38	\$1.66	\$1.94	\$2.22	\$2.49	\$2.77
0.0369	30 - 34	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
0.0415	35 - 39	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
0.0748	40 - 44	\$0.75	\$1.50	\$2.24	\$2.99	\$3.74	\$4.49	\$5.23	\$5.98	\$6.73	\$7.48
0.1182	45 - 49	\$1.18	\$2.36	\$3.54	\$4.73	\$5.91	\$7.09	\$8.27	\$9.45	\$10.63	\$11.82
0.1758	50 - 54	\$1.76	\$3.52	\$5.28	\$7.03	\$8.79	\$10.55	\$12.31	\$14.07	\$15.83	\$17.58
0.2765	55 - 59	\$2.76	\$5.53	\$8.29	\$11.06	\$13.82	\$16.59	\$19.35	\$22.12	\$24.88	\$27.65
0.4385	60 - 64	\$4.38	\$8.77	\$13.15	\$17.54	\$21.92	\$26.31	\$30.69	\$35.08	\$39.46	\$43.85
With Age Reduction	Age	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
0.7278	65 - 69	\$4.73	\$9.46	\$14.19	\$18.92	\$23.66	\$28.386	\$33.12	\$37.85	\$42.58	\$47.31
With Age Reduction	Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
1.2932	70 - 74	\$6.47	\$12.93	\$19.40	\$25.86	\$32.33	\$38.80	\$45.26	\$51.73	\$58.20	\$64.66
2.8085	75+	\$14.04	\$28.08	\$42.13	\$56.17	\$70.21	\$84.25	\$98.30	\$112.34	\$126.38	\$140.42

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Use this sample formula to calculate premium for benefit amounts over \$100,000

Bi-Weekly Rate per					
\$1,000	Age	X	Benefit in \$1,000's	=	Bi-Weekly Cost
0.0415	35	X	150	=	\$6.23
		X		=	

Dependent Child(ren) Benefit

Bi-Weekly Rate	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
0.0757	\$0.15	\$0.30	\$0.45	\$0.61	\$0.76

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Bi-Weekly Spouse Life Premiums

Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.

Spouse premiums will be calculated based on the spouse's age

Refer to Supplement Life Insurance product brochure for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

Bi-Weekly Rate per											
\$1,000	Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0.0231	<25	\$0.12	\$0.23	\$0.35	\$0.46	\$0.58	\$0.69	\$0.81	\$0.92	\$1.04	\$1.15
0.0277	25 - 29	\$0.14	\$0.28	\$0.42	\$0.55	\$0.69	\$0.83	\$0.97	\$1.11	\$1.25	\$1.38
0.0369	30 - 34	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
0.0415	35 - 39	\$0.21	\$0.42	\$0.62	\$0.83	\$1.04	\$1.25	\$1.45	\$1.66	\$1.87	\$2.08
0.0748	40 - 44	\$0.37	\$0.75	\$1.12	\$1.50	\$1.87	\$2.24	\$2.62	\$2.99	\$3.36	\$3.74
0.1182	45 - 49	\$0.59	\$1.18	\$1.77	\$2.36	\$2.95	\$3.54	\$4.14	\$4.73	\$5.32	\$5.91
0.1758	50 - 54	\$0.88	\$1.76	\$2.64	\$3.52	\$4.40	\$5.28	\$6.15	\$7.03	\$7.91	\$8.79
0.2765	55 - 59	\$1.38	\$2.76	\$4.15	\$5.53	\$6.91	\$8.29	\$9.68	\$11.06	\$12.44	\$13.82
0.4385	60 - 64	\$2.19	\$4.38	\$6.58	\$8.77	\$10.96	\$13.15	\$15.35	\$17.54	\$19.73	\$21.92
With Age Reduction	Age	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
0.7278	65 - 69	\$2.37	\$4.73	\$7.10	\$9.46	\$11.83	\$14.19	\$16.56	\$18.92	\$21.29	\$23.66
With Age Reduction	Age	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
1.2932	70 - 74	\$3.23	\$6.47	\$9.70	\$12.93	\$16.17	\$19.40	\$22.63	\$25.86	\$29.10	\$32.33
2.8085	75+	\$7.02	\$14.04	\$21.06	\$28.08	\$35.11	\$42.13	\$49.15	\$56.17	\$63.19	\$70.21

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Use this sample formula to calculate premium for benefit amounts over \$100,000

Bi-Weekly Rate per					
\$1,000	Age	X	Benefit in \$1,000's	=	Bi-Weekly Cost
0.0415	35	X	75	=	\$1.45
		X		=	

Dependent Child(ren) Benefit

Bi-Weekly Rate	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
0.0757	\$0.15	\$0.30	\$0.45	\$0.61	\$0.76

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Bi-Weekly Employee, Spouse and Child(ren) AD&D Premiums

Life Premium for sample benefit amounts

Voluntary AD&D - Employee	
Coverage Amount	Bi-Weekly Premium (all ages)
\$5,000	\$0.07
\$10,000	\$0.13
\$20,000	\$0.27
\$30,000	\$0.40
\$40,000	\$0.54
\$50,000	\$0.67
\$60,000	\$0.80
\$70,000	\$0.94
\$80,000	\$1.07
\$90,000	\$1.20
\$100,000	\$1.34
\$110,000	\$1.47
\$120,000	\$1.61
\$130,000	\$1.74
\$140,000	\$1.87
\$150,000	\$2.01
\$160,000	\$2.14
\$170,000	\$2.28
\$180,000	\$2.41
\$190,000	\$2.54
\$200,000	\$2.68

Voluntary AD&D - Child(ren)	
Coverage Amount	Bi-Weekly Premium (all ages)
\$2,000	\$0.03
\$4,000	\$0.05
\$6,000	\$0.08
\$8,000	\$0.11
\$10,000	\$0.13

Voluntary AD&D - Spouse	
Coverage Amount	Bi-Weekly Premium (all ages)
\$5,000	\$0.07
\$10,000	\$0.13
\$15,000	\$0.20
\$20,000	\$0.27
\$25,000	\$0.33
\$30,000	\$0.40
\$35,000	\$0.47
\$40,000	\$0.54
\$45,000	\$0.60
\$50,000	\$0.67
\$55,000	\$0.74
\$60,000	\$0.80
\$65,000	\$0.87
\$70,000	\$0.94
\$75,000	\$1.00
\$80,000	\$1.07
\$85,000	\$1.14
\$90,000	\$1.20
\$95,000	\$1.27
\$100,000	\$1.34
\$105,000	\$1.41
\$110,000	\$1.47
\$115,000	\$1.54
\$120,000	\$1.61
\$125,000	\$1.67
\$130,000	\$1.74
\$135,000	\$1.81
\$140,000	\$1.87
\$145,000	\$1.94
\$150,000	\$2.01
\$155,000	\$2.07
\$160,000	\$2.14
\$165,000	\$2.21
\$170,000	\$2.28
\$175,000	\$2.34
\$180,000	\$2.41
\$185,000	\$2.48
\$190,000	\$2.54
\$195,000	\$2.61
\$200,000	\$2.68

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