



Additional Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through Oral Roberts University. If you have additional questions, check with your Benefits Department.

Employer Plan Effective Date

Oral Roberts University will provide Basic Life and Basic AD&D coverage from The Standard at no cost to you. If you qualify for Basic Life and Basic AD&D, you may also apply for Additional Life coverage to supplement your Basic Life amount.

Eligibility

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active contract employee of Oral Roberts University working 9 or more months per year, or other contract employee of Oral Roberts University, excluding, temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- You must be regularly working at least 40 hours each week
- Your spouse or children must not be full-time members of the armed forces of any country.

Employee Coverage Amount

You may elect Additional Life coverage in amounts of 1 times, 2 times or 3 times your Annual Earnings, rounded to the next higher multiple of \$1,000, up to a maximum of \$400,000.

If you wish to become insured for an amount of Additional Life in excess of \$175,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Dependents Life Insurance from Standard Insurance Company is also included in this plan.

Spouse Coverage Amount

If you are insured for Additional Life, you may insure your *spouse* for up to 50 percent of your life insurance amount. The coverage is available in units of \$5,000 to a maximum of \$200,000.

If you elect an amount for your *spouse* greater than \$10,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

Coverage Amount for Children

Employees do not have to participate in the Additional Life Plan for children to be eligible for the Dependent Life benefit. You may elect Dependents Life coverage for your *eligible child(ren)* in increments of \$2,000 up to a maximum of \$10,000. This amount may not exceed 50% of your Additional Life amount, if you have Additional Life. All late applications will be subject to medical underwriting approval.

Employee Rates

If you elect Additional Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<25	\$0.054
25-29	\$0.065
30-34	\$0.086
35-39	\$0.097
40-44	\$0.108
45-49	\$0.162
50-54	\$0.248
55-59	\$0.464
60-64	\$0.712
65-69	\$1.370
70+	\$2.223

To calculate your premium:

1. Amount Elected (Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form.): Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select Rate (from chart) then enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Line 4.
Line 4 is your estimated monthly cost. Line 4: _____

Spouse Rates

If you elect Additional Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<25	\$0.054
25-29	\$0.065
30-34	\$0.086
35-39	\$0.097
40-44	\$0.108
45-49	\$0.162
50-54	\$0.248
55-59	\$0.464
60-64	\$0.712
65-69	\$1.370
70+	\$2.223

To calculate the premium for your spouse:

1. Amount Elected (Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form.): Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select Rate (from chart) then enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Line 4
Line 4 is your estimated monthly cost. Line 4: _____

Child(ren) Rates

Monthly rate is \$0.40 for \$2,000; \$0.80 for \$4,000; \$1.20 for \$6,000; \$1.60 for \$8,000 and \$2.00 for \$10,000 of Dependents Life insurance coverage for your eligible child(ren) regardless of the number of children covered.

Employee Coverage Effective Date

Please contact your Benefits Department for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement

- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance including Dependents Life Insurance, your insurance will not become effective until the day after you complete 1 day of *active work* as an eligible employee.

Age Reductions

Under this plan, coverage reduces to 67 percent at age 70, 33 percent at age 75. If you or your *spouse* are age 70 or over, ask your Benefits Department for the amount of coverage available.

Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

Waiver of Premium Provision

The Standard may continue your Life Insurance without premium payments if you:

- Become *totally disabled* while insured under the *group policy*
- Are under the age of 60
- Complete the *waiting period* of 180 days
- Give us satisfactory proof of *loss*

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life Insurance ends
- The date Dependents Life Insurance terminates under the *group policy*
- The date your *employer's* coverage under the *group policy* for Dependents Life Insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life Insurance
- When the *dependent* ceases to be an eligible *dependent*
- For your *spouse* the date of your divorce or legal separation
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.