

Enrollment at a glance

A guide to your plan basics

City of Bakersfield



**Take advantage of insurance offered at your workplace.
It's convenient and affordable.**

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by City of Bakersfield can be an important part of your financial security.

City of Bakersfield provides you with Basic Life Insurance coverage and Accidental Death and Dismemberment Insurance in the amount of:

Class 1: Blue & White Collar Members, Mayor & City Council - \$30,000

Class 3: All General Supervisory, Fire Supervisory & Police Supervisory & Management Employees - \$2,000 plus 1 times your Basic Annual Salary, rounded to the next higher \$1,000 up to a maximum of \$100,000

Class 4: Police Officers, Senior Police Officers, Firefighters, & Engineers - \$12,000

Eligible employees may apply for more coverage in the Supplemental Group Term Life Insurance program.

Safety Personnel are not eligible for Supplemental Life Insurance

Your Life Insurance Benefit Includes

Convenient Payroll Deductions	<i>(Applicable for Supplemental Life Only)</i> Since deductions are taken directly from your paycheck, you never have to worry about late payments or lapse notices.
"Take it With You"	The portability and conversion options allows for continued coverage that can help protect your family even when your current employment ends.
Waiver of Premium	If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.
Accelerated Benefit	You may collect a portion of your death benefit (typically 50%) while you are living, if you are diagnosed with a terminal condition with a limited life expectancy under twelve months (may vary by state).

Refer to the information on the following pages to learn more about Supplemental Group Term Life Insurance options and determine your coverage cost.

Supplemental Term Life Insurance Coverage Options

	For You	For Your Spouse	For Your Child(ren)
Eligibility	All permanent non-safety employees working 30+ hours per week.	Coverage is available only if Employee Supplemental Life Insurance is elected.	Coverage is available only if Employee Supplemental Life Insurance is elected.
Coverage Options	\$10,000 to \$500,000 in \$10,000 increments.	\$10,000 to \$500,000 in \$10,000 increments.	\$5,000 or \$10,000 on your children age 6 months but less than 18 years, and full-time student dependents less than 23 years. Children age 15 days but less than 6 months are covered for \$100.
Guaranteed Issue Offer*	You can elect up to \$100,000 of coverage (\$50,000 age 60 and over) without providing proof of good health during the initial eligibility period.	You can elect up to \$20,000 of coverage without providing proof of good health on your spouse during the initial eligibility period.	You can elect coverage without providing proof of good health on your children during the initial eligibility period.
Supplemental Accidental Death & Dismemberment Insurance	Coverage is available in an amount equal to elected Employee Supplemental Life Insurance up to \$500,000.	Family AD&D Coverage is available: Dependent Spouse coverage equal to 50% of employee's elected Supplemental AD&D Amount Children coverage equal to 10% of employee's elected Supplemental AD&D Amount	

The term "spouse" as used in this summary includes a domestic partner or civil union partner as described in the certificate(s) of insurance.

Contact your employer if you have questions about the definition of "child" for your plan.

Accidental Death & Dismemberment coverage has exclusions that are described in the certificate of coverage.

*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, or you submit an application for coverage more than 31 days after the date you become eligible. Subject to approval by the insurance company.

Insurance Rate Information and Premium Calculator

The cost is calculated based on the age of the employee or spouse at the start of the plan's current policy year.

The rates shown are guaranteed until 12/31/2015.

Employee and Spouse Supplemental Life Insurance Rates

Age	Monthly Cost per \$1,000 of Coverage
Under 35	\$0.09
35-39	\$0.13
40-44	\$0.21
45-49	\$0.31
50-54	\$0.52
55-59	\$0.88
60-64	\$1.39
65-69	\$2.19
70-74	\$3.48
70 +	\$6.17

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

Coverage type	Monthly Cost per \$1,000 of Coverage
Employee Supplemental AD&D	\$0.05
Employee and Family Supplemental AD&D	\$0.08

Dependent Children Life Insurance Rates

Coverage Levels	Monthly Cost
\$5,000 each child	\$1.00
\$10,000 each child	\$2.00

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

Supplemental Life Insurance	For You	For Your Spouse	For Your Children
Step 1: Select the amount of insurance you want	\$	\$	\$
Step 2: Divide this number by \$1,000	\$	\$	N/A
Step 3: Enter the rate from the table(s) above	\$	\$	\$
Step 4: Multiply <i>Step #2</i> by <i>Step #3</i>	\$	\$	N/A
Step 5: Multiply <i>Step 4</i> by 12 for the Employee and Spouse . Multiply <i>Step 3</i> by 12 for the Children .	\$	\$	\$
Step 6: Divide <i>Step 5</i> by 26 to calculate bi-weekly premium	(A)	(B)	(C)
	\$	\$	\$
Step 7: Add (A), (B), and (C) for the Total Pay Period Premium	\$		

Supplemental AD&D Insurance	For You	For Your Spouse	For Your Children
Step 8: Select the amount of insurance you want	\$	\$	\$
Step 9: Divide this number by \$1,000	\$	\$	\$
Step 10: Enter the rate from the table(s) above	\$	\$	\$
Step 11: Multiply <i>Step #2</i> by <i>Step #3</i>	\$	\$	\$
Step 12: Multiply <i>Step 4</i> by 12.	\$	\$	\$
Step 13: Divide <i>Step 5</i> by 26 to calculate bi-weekly premium	(A)	(B)	(C)
	\$	\$	\$
Step 14: Add (A), (B), and (C) for the Total Pay Period Premium	\$		

Total Pay Period Premium - Add Step 7 and Step 14	\$
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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 coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the Voya™ family of companies. Policy form LP00GP (may vary by state).

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