

Employee & Family Voluntary Term Life / AD&D Insurance

Underwritten by:
4 Ever Life Insurance Company (“the Company”)
Administered by:
Bay Bridge Administrators, LLC

What Coverage is available? As an active full-time employee you are eligible to purchase, at your own expense, Voluntary Term Life for yourself and Family Life Insurance on your Spouse and Child.

Employee Voluntary Life / AD&D Insurance: You may enroll for any amount from \$20,000 to \$300,000 in \$5,000 increments, rounded to the next higher \$5,000, not to exceed five times your basic earnings.

When can I apply for coverage? You are eligible to apply for this coverage during the initial enrollment period or when you are a new hire.

How do I qualify? If you apply during the initial enrollment period or when you are a new hire, you are eligible for this coverage up to the *Guaranteed Issue Amount* with no evidence of insurability required.

Your *Guarantee Issue Amount* is based on your attained age, as follows:
Less than age 60: \$150,000
Age 60 through 64: \$20,000
Age 65 & Over: No Guarantee Issue

During the initial enrollment period and as a new hire, if you’d like coverage over the Guarantee Issue Amount, you will have to provide Evidence of Insurability. If you do not apply during the initial enrollment period or as a new hire, or elect to increase coverage later, you will have to provide Evidence of Insurability. In the event you need to supply Evidence of Insurability, you do not have coverage until the Company approves this Evidence of Insurability, and you may be denied coverage.

Guarantee Issue is subject to underwriting rules and is not available in all circumstances

Effective Date: Your insurance benefit that is less than or equal to the Guaranteed Issue Amount, indicated above, begins on the latest of: (1) the effective date of the Participating Employer’s plan, if you are eligible prior to such date; or (2) the first day of the month following the date you become eligible; provided you have enrolled and the required premium has been paid. Any insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves your request and the applicable Evidence of Insurability. If you are not Actively-At-Work, your coverage will be delayed until the date you return to Active Work.

Effect of Prior Coverage: If you were participating in and insured by the Participating Employer’s prior plan on the date immediately prior to the Participating Employer’s Effective Date shown on the Policy Schedule and are Actively At Work on such date: All amounts that were in force under the Participating Employer’s prior plan on the date immediately preceding the Participating Employer’s Effective Date with the Company are guaranteed issue up to the maximum benefit amount available under this plan.

Employees currently insured for less than the Guaranteed Issue Amount can increase coverage up to the Guarantee Issue Amount during the initial Enrollment period without providing Evidence of Insurability. During the initial Enrollment period currently insured Employees can also request an increase in the amount of coverage in excess of the Guarantee Issue Amount but are required to provide Evidence of Insurability satisfactory to the Company before the amounts in excess of the Guaranteed Issue Amount will become effective.

For each Insured Person's or Insured Dependent's individual coverage, coverage will be deemed continuous and uninterrupted and no change will have retroactive effect. However, if you elect to increase your amount of coverage, the increased amounts will be subject to any other plan provisions.

What is the cost?

Employee Monthly Premium

Benefit Amount	Age 29 & Under	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 & Older
\$20,000	\$1.30	\$1.70	\$1.90	\$2.26	\$3.20	\$4.96	\$7.80	\$11.62	\$22.06	\$35.40	\$50.00
\$25,000	\$1.63	\$2.13	\$2.38	\$2.83	\$4.00	\$6.20	\$9.75	\$14.53	\$27.58	\$44.25	\$62.50
\$30,000	\$1.95	\$2.55	\$2.85	\$3.39	\$4.80	\$7.44	\$11.70	\$17.43	\$33.09	\$53.10	\$75.00
\$35,000	\$2.28	\$2.98	\$3.33	\$3.96	\$5.60	\$8.68	\$13.65	\$20.34	\$38.61	\$61.95	\$87.50
\$40,000	\$2.60	\$3.40	\$3.80	\$4.52	\$6.40	\$9.92	\$15.60	\$23.24	\$44.12	\$70.80	\$100.00
\$45,000	\$2.93	\$3.83	\$4.28	\$5.09	\$7.20	\$11.16	\$17.55	\$26.15	\$49.64	\$79.65	\$112.50
\$50,000	\$3.25	\$4.25	\$4.75	\$5.65	\$8.00	\$12.40	\$19.50	\$29.05	\$55.15	\$88.50	\$125.00
\$55,000	\$3.58	\$4.68	\$5.23	\$6.22	\$8.80	\$13.64	\$21.45	\$31.96	\$60.67	\$97.35	\$137.50
\$60,000	\$3.90	\$5.10	\$5.70	\$6.78	\$9.60	\$14.88	\$23.40	\$34.86	\$66.18	\$106.20	\$150.00
\$65,000	\$4.23	\$5.53	\$6.18	\$7.35	\$10.40	\$16.12	\$25.35	\$37.77	\$71.70	\$115.05	\$162.50
\$70,000	\$4.55	\$5.95	\$6.65	\$7.91	\$11.20	\$17.36	\$27.30	\$40.67	\$77.21	\$123.90	\$175.00
\$75,000	\$4.88	\$6.38	\$7.13	\$8.48	\$12.00	\$18.60	\$29.25	\$43.58	\$82.73	\$132.75	\$187.50
\$80,000	\$5.20	\$6.80	\$7.60	\$9.04	\$12.80	\$19.84	\$31.20	\$46.48	\$88.24	\$141.60	\$200.00
\$85,000	\$5.53	\$7.23	\$8.08	\$9.61	\$13.60	\$21.08	\$33.15	\$49.39	\$93.76	\$150.45	\$212.50
\$90,000	\$5.85	\$7.65	\$8.55	\$10.17	\$14.40	\$22.32	\$35.10	\$52.29	\$99.27	\$159.30	\$225.00
\$95,000	\$6.18	\$8.08	\$9.03	\$10.74	\$15.20	\$23.56	\$37.05	\$55.20	\$104.79	\$168.15	\$237.50
\$100,000	\$6.50	\$8.50	\$9.50	\$11.30	\$16.00	\$24.80	\$39.00	\$58.10	\$110.30	\$177.00	\$250.00
\$105,000	\$6.83	\$8.93	\$9.98	\$11.87	\$16.80	\$26.04	\$40.95	\$61.01	\$115.82	\$185.85	\$262.50
\$110,000	\$7.15	\$9.35	\$10.45	\$12.43	\$17.60	\$27.28	\$42.90	\$63.91	\$121.33	\$194.70	\$275.00
\$115,000	\$7.48	\$9.78	\$10.93	\$13.00	\$18.40	\$28.52	\$44.85	\$66.82	\$126.85	\$203.55	\$287.50
\$120,000	\$7.80	\$10.20	\$11.40	\$13.56	\$19.20	\$29.76	\$46.80	\$69.72	\$132.36	\$212.40	\$300.00
\$125,000	\$8.13	\$10.63	\$11.88	\$14.13	\$20.00	\$31.00	\$48.75	\$72.63	\$137.88	\$221.25	\$312.50
\$130,000	\$8.45	\$11.05	\$12.35	\$14.69	\$20.80	\$32.24	\$50.70	\$75.53	\$143.39	\$230.10	\$325.00
\$135,000	\$8.78	\$11.48	\$12.83	\$15.26	\$21.60	\$33.48	\$52.65	\$78.44	\$148.91	\$238.95	\$337.50
\$140,000	\$9.10	\$11.90	\$13.30	\$15.82	\$22.40	\$34.72	\$54.60	\$81.34	\$154.42	\$247.80	\$350.00
\$145,000	\$9.43	\$12.33	\$13.78	\$16.39	\$23.20	\$35.96	\$56.55	\$84.25	\$159.94	\$256.65	\$362.50
\$150,000	\$9.75	\$12.75	\$14.25	\$16.95	\$24.00	\$37.20	\$58.50	\$87.15	\$165.45	\$265.50	\$375.00
\$155,000	\$10.08	\$13.18	\$14.73	\$17.52	\$24.80	\$38.44	\$60.45	\$90.06	\$170.97	\$274.35	\$387.50
\$160,000	\$10.40	\$13.60	\$15.20	\$18.08	\$25.60	\$39.68	\$62.40	\$92.96	\$176.48	\$283.20	\$400.00
\$165,000	\$10.73	\$14.03	\$15.68	\$18.65	\$26.40	\$40.92	\$64.35	\$95.87	\$182.00	\$292.05	\$412.50
\$170,000	\$11.05	\$14.45	\$16.15	\$19.21	\$27.20	\$42.16	\$66.30	\$98.77	\$187.51	\$300.90	\$425.00
\$175,000	\$11.38	\$14.88	\$16.63	\$19.78	\$28.00	\$43.40	\$68.25	\$101.68	\$193.03	\$309.75	\$437.50
\$180,000	\$11.70	\$15.30	\$17.10	\$20.34	\$28.80	\$44.64	\$70.20	\$104.58	\$198.54	\$318.60	\$450.00
\$185,000	\$12.03	\$15.73	\$17.58	\$20.91	\$29.60	\$45.88	\$72.15	\$107.49	\$204.06	\$327.45	\$462.50
\$190,000	\$12.35	\$16.15	\$18.05	\$21.47	\$30.40	\$47.12	\$74.10	\$110.39	\$209.57	\$336.30	\$475.00
\$195,000	\$12.68	\$16.58	\$18.53	\$22.04	\$31.20	\$48.36	\$76.05	\$113.30	\$215.09	\$345.15	\$487.50
\$200,000	\$13.00	\$17.00	\$19.00	\$22.60	\$32.00	\$49.60	\$78.00	\$116.20	\$220.60	\$354.00	\$500.00
\$205,000	\$13.33	\$17.43	\$19.48	\$23.17	\$32.80	\$50.84	\$79.95	\$119.11	\$226.12	\$362.85	\$512.50
\$210,000	\$13.65	\$17.85	\$19.95	\$23.73	\$33.60	\$52.08	\$81.90	\$122.01	\$231.63	\$371.70	\$525.00
\$215,000	\$13.98	\$18.28	\$20.43	\$24.30	\$34.40	\$53.32	\$83.85	\$124.92	\$237.15	\$380.55	\$537.50
\$220,000	\$14.30	\$18.70	\$20.90	\$24.86	\$35.20	\$54.56	\$85.80	\$127.82	\$242.66	\$389.40	\$550.00
\$225,000	\$14.63	\$19.13	\$21.38	\$25.43	\$36.00	\$55.80	\$87.75	\$130.73	\$248.18	\$398.25	\$562.50
\$230,000	\$14.95	\$19.55	\$21.85	\$25.99	\$36.80	\$57.04	\$89.70	\$133.63	\$253.69	\$407.10	\$575.00
\$235,000	\$15.28	\$19.98	\$22.33	\$26.56	\$37.60	\$58.28	\$91.65	\$136.54	\$259.21	\$415.95	\$587.50
\$240,000	\$15.60	\$20.40	\$22.80	\$27.12	\$38.40	\$59.52	\$93.60	\$139.44	\$264.72	\$424.80	\$600.00
\$245,000	\$15.93	\$20.83	\$23.28	\$27.69	\$39.20	\$60.76	\$95.55	\$142.35	\$270.24	\$433.65	\$612.50
\$250,000	\$16.25	\$21.25	\$23.75	\$28.25	\$40.00	\$62.00	\$97.50	\$145.25	\$275.75	\$442.50	\$625.00
\$255,000	\$16.58	\$21.68	\$24.23	\$28.82	\$40.80	\$63.24	\$99.45	\$148.16	\$281.27	\$451.35	\$637.50
\$260,000	\$16.90	\$22.10	\$24.70	\$29.38	\$41.60	\$64.48	\$101.40	\$151.06	\$286.78	\$460.20	\$650.00

\$265,000	\$17.23	\$22.53	\$25.18	\$29.95	\$42.40	\$65.72	\$103.35	\$153.97	\$292.30	\$469.05	\$662.50
\$270,000	\$17.55	\$22.95	\$25.65	\$30.51	\$43.20	\$66.96	\$105.30	\$156.87	\$297.81	\$477.90	\$675.00
\$275,000	\$17.88	\$23.38	\$26.13	\$31.08	\$44.00	\$68.20	\$107.25	\$159.78	\$303.33	\$486.75	\$687.50
\$280,000	\$18.20	\$23.80	\$26.60	\$31.64	\$44.80	\$69.44	\$109.20	\$162.68	\$308.84	\$495.60	\$700.00
\$285,000	\$18.53	\$24.23	\$27.08	\$32.21	\$45.60	\$70.68	\$111.15	\$165.59	\$314.36	\$504.45	\$712.50
\$290,000	\$18.85	\$24.65	\$27.55	\$32.77	\$46.40	\$71.92	\$113.10	\$168.49	\$319.87	\$513.30	\$725.00
\$295,000	\$19.18	\$25.08	\$28.03	\$33.34	\$47.20	\$73.16	\$115.05	\$171.40	\$325.39	\$522.15	\$737.50
\$300,000	\$19.50	\$25.50	\$28.50	\$33.90	\$48.00	\$74.40	\$117.00	\$174.30	\$330.90	\$531.00	\$750.00

Premiums will change automatically each year when you attain an age that qualifies you for a new age bracket rate.

When Employee Voluntary Life Insurance Ends:

Your Voluntary Life Insurance ends if: 1. your employment ends; 2. you are no longer Actively At Work; 3. premiums are not paid; 4. you are no longer an eligible employee; 5. Voluntary Life Insurance is no longer provided by the Participating Employer; 6. the policy terminates; 7. you enter the military, naval or air force of any country or international organization on a full-time active duty basis.; or 8. the Participating Employer’s coverage under the policy ends.

Family Life Insurance

Spouse Voluntary Life / AD&D: \$10,000 to \$150,000 in \$10,000 increments not to exceed 50% of the Employees Insured Amount.
Coverage terminates at age 70

Child Voluntary Life (Only):
0 days to 6 months: \$1,000
6 months to age 19 (25 full-time student):
Option 1: \$5,000
Option 2; \$10,000

Guarantee Issue Amounts for Dependents

Spouse:

Less than age 60: \$20,000
Age 60 but less than age 70: None
Spouse Coverage terminates at age 70

Children:

0 days to 6 months: \$1,000
6 months to age 19 (25 full-time student):
Option 1: \$5,000
Option 2; \$10,000

Guarantee Issue is subject to underwriting rules and is not available in all circumstances

Effective Date of Dependents Coverage:

You may apply for Family Life Insurance Benefits for your spouse, less than age 70 at the time of application, or child. Such benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following: 1. the Participating Employer’s Effective Date, if you apply for Family Life Insurance prior to such date; 2. your Effective Date if application for Family Life Insurance is made within 31 days of your eligibility date; 3. the first day of the month following the date we approve the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after your eligibility date; 4. the first day of the month following the date we approve the application for Family Life Insurance, if application is made within 31 days of you acquiring a new spouse or child; 5. the first day of the month following the date we approve the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after acquiring a new spouse or child.

Any Family Life Insurance benefit that is in excess of the guaranteed issue amount will become effective when we approve the required Evidence of Insurability.

No Family Life Insurance benefit will be effective until the required premium is paid.

Note: Dependent coverage may only be taken in conjunction with Employee coverage. Dependent coverage may not be taken on a stand alone basis. A spouse or child who is insured as an Employee under this plan cannot also be insured as a dependent. If both you & your spouse are insured under this plan as employees, only one of you may insure your children as dependents.

Spouse Monthly Premium

	Age 29 & Under	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69
\$10,000	\$0.65	\$0.85	\$0.95	\$1.13	\$1.60	\$2.48	\$3.90	\$5.81	\$11.03
\$20,000	\$1.30	\$1.70	\$1.90	\$2.26	\$3.20	\$4.96	\$7.80	\$11.62	\$22.06
\$30,000	\$1.95	\$2.55	\$2.85	\$3.39	\$4.80	\$7.44	\$11.70	\$17.43	\$33.09
\$40,000	\$2.60	\$3.40	\$3.80	\$4.52	\$6.40	\$9.92	\$15.60	\$23.24	\$44.12
\$50,000	\$3.25	\$4.25	\$4.75	\$5.65	\$8.00	\$12.40	\$19.50	\$29.05	\$55.15
\$60,000	\$3.90	\$5.10	\$5.70	\$6.78	\$9.60	\$14.88	\$23.40	\$34.86	\$66.18
\$70,000	\$4.55	\$5.95	\$6.65	\$7.91	\$11.20	\$17.36	\$27.30	\$40.67	\$77.21
\$80,000	\$5.20	\$6.80	\$7.60	\$9.04	\$12.80	\$19.84	\$31.20	\$46.48	\$88.24
\$90,000	\$5.85	\$7.65	\$8.55	\$10.17	\$14.40	\$22.32	\$35.10	\$52.29	\$99.27
\$100,000	\$6.50	\$8.50	\$9.50	\$11.30	\$16.00	\$24.80	\$39.00	\$58.10	\$110.30
\$110,000	\$7.15	\$9.35	\$10.45	\$12.43	\$17.60	\$27.28	\$42.90	\$63.91	\$121.33
\$120,000	\$7.80	\$10.20	\$11.40	\$13.56	\$19.20	\$29.76	\$46.80	\$69.72	\$132.36
\$130,000	\$8.45	\$11.05	\$12.35	\$14.69	\$20.80	\$32.24	\$50.70	\$75.53	\$143.39
\$140,000	\$9.10	\$11.90	\$13.30	\$15.82	\$22.40	\$34.72	\$54.60	\$81.34	\$154.42
\$150,000	\$9.75	\$12.75	\$14.25	\$16.95	\$24.00	\$37.20	\$58.50	\$87.15	\$165.45

Spouse Coverage Terminates at age 70

Children: \$0.20 per \$1,000

Premiums will change automatically each year when your spouse attained age qualifies for a new age bracket rate.

When Family Coverage Ends: Your Insured Spouse's or Insured Child's Life Insurance ends if: 1. your coverage ends; 2. the Participating Employer's coverage under the policy ends; 3 you are no longer eligible for Family Life Insurance; 4. you notify us in writing to discontinue the Family Life Insurance; 5. the premium is not paid; 6. Family Life Insurance is no longer provided by the policy; 7. your Insured Spouse or Insured Child ceases to qualify for coverage under the policy, 8. your Insured Spouse or Insured Child enters the military, naval or air force of any country or international organization on a full-time active duty basis; or 9. your Spouse attains age 70.

Accidental Death and Dismemberment Benefit Employee / Spouse:

The Company will pay the Benefit Percentage of the Principal Sum*, if Injury to Insured results in any one of the losses listed in the Schedule of Losses. The loss must occur within 365 days of the date of Injury. If the Insured suffers more than one loss as a result of any one accident, only the largest amount will be paid.

Schedule of Losses:

<u>For Loss of:</u>	<u>Percentage of Principal Sum:</u>
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%
One Hand or One Foot	50%

Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

- **Principal Sum is an amount of Accidental Death and Dismemberment Benefit equal to the amount of Voluntary Term Life for which you and your covered Dependent Spouse have been approved.**

What are the benefit Limitations?

Life / AD&D Benefits will reduce as follows;

At age 70, the benefit reduces to 65% of the original amount of coverage in force.

At age 75, the benefit reduces to 50% of the original amount of coverage in force.

No Life Insurance benefits will be payable under the Policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the 4 Ever Life Insurance Company Policy becomes effective.

Benefits for Accidental Death and Dismemberment will not be payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. attempted suicide or intentionally self-inflicted injury, while sane or insane.
2. bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.
3. voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be the Insured; his or her spouse; a child, sibling, or parent of the Insured or of the Insured's spouse; or a person who resides in the Insured's home.
4. declared or undeclared war or act of war.
5. the Insured's commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony.
6. the Insured's participation in a riot.
7. the Insured's engaging in an illegal occupation.
8. release of nuclear energy.
9. operating, riding in, or descending from any aircraft (including a hang glider). This does not apply to the Insured while a passenger on a licensed, commercial, nonmilitary aircraft.

Exceptions to When Coverage Terminates:

Under certain circumstances coverage may be extended and premium waived if you are no longer actively at work due to total disability. Please see your Certificate of Coverage for more details.

Accelerated Death Benefit:

Allows you to receive a percentage of the life amount if diagnosed with a terminal condition while covered under the policy. Also applies to your spouse coverage. Please see your Certificate of Coverage for more details.

Portability:

If you cease to be employed by the Participating Employer for any reason other than retirement you may be entitled to continue all or a portion of your life insurance under the Continuation of Coverage Provision. You may elect to continue your Life Insurance benefits provided you have not attained age 70 and you must make such election within 31 days of termination of employment. You will be responsible for paying the entire premium for coverage continued under this section. Premiums for continued coverage will be billed directly to you on a quarterly, semi-annual or annual basis. Such premiums may exceed the group rate applicable to the amount of coverage being continued. Coverage continued under this provision will be subject to all of the provisions and limitations of the policy, including reductions/termination at an age or any other termination provision. However, in no event will coverage continue beyond age 70. Please see your Certificate of Coverage for more details.

Conversion:

Under certain circumstances you may be entitled to convert all or a portion of your life insurance when your coverage terminates due to your employment ending, you ceasing to be in the eligible classes or policy termination. Please see your Certificate of Coverage for more details.

Definitions:

Active Work/Actively At Work means expending time and energy in the performance of regular duties for the Participating Employer at the usual place of employment, or at a location to which the Employer requires the Insured to travel and for which you are receiving Basic Earnings for such duties. You will be considered Actively At Work on each regularly scheduled non-work day if you were Actively At Work on the immediately preceding scheduled work day.

Basic Earnings means your basic rate of pay. It does not include overtime, bonus or any other form of additional compensation.

Evidence of Insurability means a written statement, application, or medical evidence of good health that, in our sole judgment, qualifies the person for coverage under the policy. We may require the person to pay the cost of providing this information.

Guaranteed Issue Amount means the highest amount of insurance that will be issued to a person without Evidence of Insurability.

Can I still apply if I did not enroll as a new hire?

It is important to enroll for 4 Ever Life Insurance Company's Term Life Insurance when you are first eligible. If you do not enroll as a new hire, and you decide you'd like coverage or increased coverage at a later time, you will be required to provide evidence of insurability. Your future opportunities to enroll in the plan may be limited, and you may be denied coverage.

If you enroll in the plan as a new hire, you will not have to provide medical evidence of insurability to qualify coverage up to the *Guaranteed Issue Amount*. You will need to provide evidence for amounts over the Guarantee Issue Amount.

A final note....

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy number 880, on Policy Form number 62.200. The Policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.

Every effort has been made to ensure the accuracy of this enrollment brochure. The information described applies to the residents of most states, however state laws do vary. The laws of your state may affect this benefit program, but these differences generally do not reduce your benefits. This brochure is not a legal document. The contractual terms and conditions of coverage are set forth in the group policies. In the event of a discrepancy, the policies would be the determining factor.

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