

Partnership. Solutions. Strength.

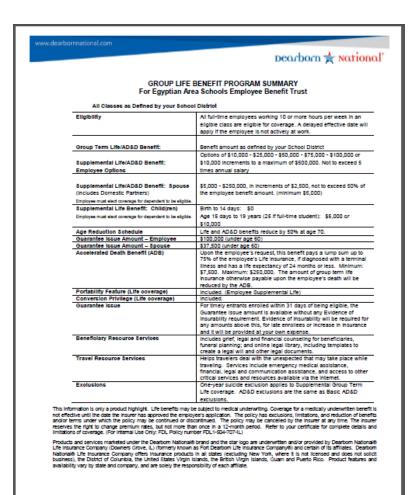
Reminder(s)

- Welcome
- Transition of carriers
 - Board approved a change in carriers
 - LFG to Dearborn National Home office is in Chicago, Illinois
- What changes in your world?
 - The carrier name and who you contact with questions
- Enrollment of new employees during the plan year
 - This is not an open enrollment...
 - Download enrollment forms from the EGTRUST.ORG
- Claims & Waiver
 - Reach out to Tim Nadon

Dearborn National Life Contact

Tim Nadon
Sr. Account Manager
Timothy_Nadon@BCBSTX.com
972-766-4907

Life Insurance Benefit Highlighter





Life Insurance Benefit Highlighter

GROUP LIFE BENEFIT PROGRAM SUMMARY For Egyptian Area Schools Employee Benefit Trust

All Classes as Defined by your School District

Eligibility	All full-time employees working 10 or more hours per week in an
	eligible class are eligible for coverage. A delayed effective date will
	apply if the employee is not actively at work.
Group Term Life/AD&D Benefit:	Benefit amount as defined by your School District
	Options of \$10,000 - \$25,000 - \$50,000 - \$75,000 - \$100,000 or
Supplemental Life/AD&D Benefit:	\$10,000 increments to a maximum of \$500,000. Not to exceed 5
Employee Options	times annual salary
Supplemental Life/AD&D Benefit: Spouse	\$5,000 - \$250,000, in increments of \$2,500, not to exceed 50% of
(Includes Domestic Partners)	the employee benefit amount. (minimum \$5,000)
Employee must elect coverage for dependent to be eligible.	
Supplemental Life Benefit: Child(ren)	Birth to 14 days: \$0
Employee must elect coverage for dependent to be eligible.	Age 15 days to 19 years (25 if full-time student): \$5,000 or
	\$10,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% at age 70.
Guarantee Issue Amount – Employee	\$100,000 (under age 60)
Guarantee Issue Amount – Spouse	\$37,500 (under age 60)
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Supplemental Life and AD&D Rate Grid



PREMIUM RATE GRID

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EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST

You are eligible to enroll if you work the minimum number of hours per week

by your employer, and you have satisfied any waiting period.

Supplemental Life/ADSD incurance

Employee Benefit Options of \$10,000 - \$25,000 - \$50,000 - \$75,000 - \$100,000 or \$10,000 increments to a maximum of \$500,000, not to exceed 5 times

annual calary

\$5,000 to \$250,000. In increments of \$2,500. not to exceed 50% of the employee benefit

Note: Spouse may not have coverage unless the employee has coverage

\$ 100,000 (Under age 60) \$ 37,500 (Under age 60)

Child Coverage (Life coverage only) 15 days to age 19 (25 if full-time student)

EMPLOYEE & SPOUSE Supplemental Life/AD&D Monthly rates per \$1,000

Under 20	\$0.085
20-24	\$0.085
25-29	\$0.095
30-34	\$0.105
35-39	\$0.135
40-44	\$0.195
45-49	\$0.305
50-54	\$0.495
55-59	\$0.795
60-64	\$0,985
85-89	\$1.685

\$1.685 Dependent Life (Children) Monthly Premium per Family

Life/AD&D benefits reduce by 50% of the original amount at employee's attained age of 70.

EMPLOYEE - Supplemental Life/AD&D Insurance

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		ATTAINED AGE											
Benefit													
Amount		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-50	60-64	65-69	70-74
\$10,000		\$0.05	\$0.05	\$0.95	\$1.05	\$1.35	\$1.95	\$3.05	\$4.95	\$7.95	\$9.05	\$16.05	\$16.05
\$25,000		\$2.13	\$2.13	\$2.30	\$2.63	\$3.38	\$4.00	\$7.63	\$12.36	\$19.88	\$24.63	\$42.13	\$42.13
\$50,000		\$4.25	\$4.25	\$4.75	\$5.25	\$6.75	\$9.75	\$15.25	\$24.75	\$39.75	\$49.25	\$04.25	\$84.25
\$75,000		\$6.30	\$6.38	\$7.13	\$7.00	\$10.13	\$14.63	\$22.00	\$37.13	\$59.63	\$73.60	\$126.30	\$126.30
\$100,000		\$8.50	\$0.50	\$9.50	\$10.50	\$13.50	\$19.50	\$30.50	\$49.50	\$79.50	\$98.50	\$168.50	\$160.50

\$5,000 or \$10,000

SPOUSE - Supplemental LIfe/AD&D Insurance

Denefit		EMPLOYEE'S ATTAINED AGE										
Amount	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.43	\$0.43	\$0.40	\$0.53	\$0.68	\$0.96	\$1.53	\$2.45	\$3.96	\$4.93	\$0.43	\$0.43
\$10,000	\$0.05	\$0.85	\$0.95	\$1.05	\$1.35	\$1.95	\$3.05	\$4.95	\$7.95	\$9.85	\$16.85	\$16.05
\$25,000	\$2.13	\$2.13	\$2.30	\$2.63	\$3.38	\$4.00	\$7.63	\$12.36	\$19.88	\$24.63	\$42.13	\$42.13
\$30,000	\$2.55	\$2.55	\$2.05	\$3.15	\$4.05	\$5.05	\$9.15	\$14.05	\$23.85	\$29.55	\$50.55	\$50.55
\$35,000	\$2.90	\$2.98	\$3.33	\$3.66	\$4.73	\$6.83	\$10.68	\$17.33	\$27.83	\$34.45	\$50.90	\$50.90
\$37,500	\$3.19	\$3.19	\$3.56	\$3.94	\$5.06	\$7.31	\$11.44	\$10.56	\$29.81	\$36.94	\$63.19	\$63.19

For Internal use only: Policy number FDL1-504-707

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National @ Life insurance Company (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company ®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.

Supplemental Life/AD&D Insurance

Options of \$10,000 - \$25,000 - \$50,000 - \$75,000 - \$100,000 or Employee Benefit:

\$10,000 increments to a maximum of \$500,000, not to exceed 5 times

annual salary

\$5,000 to \$250,000, in increments of \$2,500, Spouse Benefit:

not to exceed 50% of the employee benefit

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue

\$ 100,000 (Under age 60) Employee \$ 37,500 (Under age 60) Spouse

Child Coverage (Life coverage only)

Live birth to 14 days:

15 days to age 19 (25 if full-time student) \$5,000 or \$10,000

Life/AD&D benefits reduce by 50% of the original amount at employee's attained age of 70.



Supplemental Life and AD&D Rate Grid

EMPLOYEE - Supplemental Life/AD&D Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.85	\$0.85	\$0.95	\$1.05	\$1.35	\$1.95	\$3.05	\$4.95	\$7.95	\$9.85	\$16.85	\$16.85
\$25,000	\$2.13	\$2.13	\$2.38	\$2.63	\$3.38	\$4.88	\$7.63	\$12.38	\$19.88	\$24.63	\$42.13	\$42.13
\$50,000	\$4.25	\$4.25	\$4.75	\$5.25	\$6.75	\$9.75	\$15.25	\$24.75	\$39.75	\$49.25	\$84.25	\$84.25
\$75,000	\$6.38	\$6.38	\$7.13	\$7.88	\$10.13	\$14.63	\$22.88	\$37.13	\$59.63	\$73.88	\$126.38	\$126.38
\$100,000	\$8.50	\$8.50	\$9.50	\$10.50	\$13.50	\$19.50	\$30.50	\$49.50	\$79.50	\$98.50	\$168.50	\$168.50

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SPUUSE -	Supplemental	LITE/AD&D	msurance

5 6	EMPLOYEE'S ATTAINED AGE											
Benefit Amount	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.43	\$0.43	\$0.48	\$0.53	\$0.68	\$0.98	\$1.53	\$2.48	\$3.98	\$4.93	\$8.43	\$8.43
\$10,000	\$0.85	\$0.85	\$0.95	\$1.05	\$1.35	\$1.95	\$3.05	\$4.95	\$7.95	\$9.85	\$16.85	\$16.85
\$25,000	\$2.13	\$2.13	\$2.38	\$2.63	\$3.38	\$4.88	\$7.63	\$12.38	\$19.88	\$24.63	\$42.13	\$42.13
\$30,000	\$2.55	\$2.55	\$2.85	\$3.15	\$4.05	\$5.85	\$9.15	\$14.85	\$23.85	\$29.55	\$50.55	\$50.55
\$35,000	\$2.98	\$2.98	\$3.33	\$3.68	\$4.73	\$6.83	\$10.68	\$17.33	\$27.83	\$34.48	\$58.98	\$58.98
\$37,500	\$3.19	\$3.19	\$3.56	\$3.94	\$5.06	\$7.31	\$11.44	\$18.56	\$29.81	\$36.94	\$63.19	\$63.19

Administration of Benefits

- All Forms Located Online
- Pre-Filled for Convenience
- Death Claim Form
- Evidence of Insurability Form
- Beneficiary Form
- Portability and Conversion Forms

Non-Active Employees On 09/1/15

Coverage for employees who are not actively at work on 9/1/15 will be continued for the amount of time it would have with Lincoln, for up to 12 months. If the employee does not return to work prior to that, Conversion is the only option to continue coverage. Portability and Waiver of Premium will NOT be available.

We recommend that any disabled employee apply for Waiver of Premium with Lincoln. This will allow the employee to continue coverage for the duration of their disability without having to pay premium, as defined in your Lincoln policy.

Value Added Services



Benefit Resource Services

- Designed for the Beneficiary
- Grief and Financial Counseling
- Unlimited Phone Contact for up to 1 year
- Five Face to Face Working Sessions
- Funeral Planning
- Legal Support
- Online Will Prep

Value Added Services



Travel Resources Services

- •24 Hour Emergency Service
- Traveling 100 or more miles away from Home
- Find Doctors and Facilities
- Pays for Medical Evacuation
- •Replacement of Medication and Eyeglasses
- •Pre-Trip Information (Visa's, Passports,

Immunizations)

If You Have Any Questions, Please Contact

Tim Nadon

Sr. Account Manager

Timothy_Nadon@BCBSTX.com

972-766-4907

THANK YOU

