

Level Term Life Insurance

Benefits that protect you and your family



Life insurance calculation:

Example

- \$80,000 in 20 year term coverage for a 45 year old would cost \$11.20 weekly: $80,000/10,000 \times \$1.40$.

Employee or spouse life benefit calculation:

Step 1

How much coverage would you like?
(increments of \$10,000) \$ _____

Step 2

Insert the rate per \$10,000 in coverage for your age and desired term \$ _____

Step 3

Multiply Step 1 by Step 2 \$ _____

Step 4

Divide by 10,000 \$ _____

The answer to step 4 will be your weekly premium for your desired amount of life insurance coverage.

Life insurance is a great way to protect your most important assets and help provide the peace of mind your family deserves. This plan pays cash directly to you or your beneficiary to use however you choose. It is also portable, so you can keep the coverage if you change employers.

Level term life insurance also includes a Terminal Illness Benefit which provides as much as 50% of the death benefit while you are living with a terminal illness. This benefit is automatically included in the employee's policy.

Benefit Options

Employee, spouse and child coverage is available.

Employee Coverage:

- You can select either a 10 year or a 20 year coverage term
- Choose life insurance benefit amounts from \$10,000 – \$300,000, in \$10,000 increments
- You can elect up to \$100,000 in coverage on a guarantee issue basis. Benefit amounts above \$100,000 require the completion of the health questions on the Evidence of Insurability (EOI) form.
- Portability allows you to keep this coverage if you change employers or if Questco benefits are no longer available to you.

Child(ren) Coverage

- You can elect to cover your child(ren) if you have employee coverage
- Choose life insurance benefit amounts of \$5,000 to \$25,000, in \$5,000 increments. Coverage on your child(ren) cannot exceed your coverage amount.
- You can elect up to \$10,000 in child(ren) coverage on a guarantee issue basis. Benefit amounts above \$10,000 require the completion of the health questions on the EOI form.
- One rate covers all eligible children

Eligibility

- Employees age 18–60 can choose 20 year term coverage
- Employees age 18–70 can choose 10 year term coverage
- Spouses age 18–60 can have either 10 year or 20 year term coverage
- New coverage can be elected for children age 11 days to 24 years. Child coverage terminates at age 26.

Spouse Coverage:

- You can elect to cover your spouse if you have employee coverage
- Your spouse can be covered for either a 10 year or a 20 year coverage term (must equal the employee term period)
- Choose life insurance benefit amounts from \$10,000 – \$50,000, in \$10,000 increments. Spouse coverage cannot exceed your (the employee) coverage amount.
- You can elect up to \$10,000 in spouse coverage on a guarantee issue basis. Benefit amounts above \$10,000 require the completion of the spouse health questions on the EOI form.
- Spouse rates are based on the age of your spouse.

Life Insurance Exclusions and Limitations

- If you die by suicide, while sane or insane, within two years of your coverage effective date, then no death benefit will be paid. We will return any premiums that were paid during those first two years.

Terminal Illness Benefit Limitation

- Only one benefit amount shall be paid per lifetime up to 50% of the death benefit amount. This benefit is available through employee age 55 in most states.

This document is a brief description of Certificate Form No. C34610-TX. Refer to your certificate of insurance for specific details about benefits, exclusions and limitations. Underwritten by Combined Insurance Company of America, a Chubb company.

20 Year Level Term Life Insurance Rates

Life insurance premium varies based on your age and the coverage amount elected.

Spouse rates are based on the age of your spouse. Spouse coverage cannot exceed the employee coverage amount.

Employee and spouse rates - 48 pay cycles									
Age	\$10,000	\$30,000	\$50,000	\$70,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
18	\$0.40	\$1.20	\$2.00	\$2.80	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
19	\$0.42	\$1.26	\$2.10	\$2.94	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60
20	\$0.42	\$1.26	\$2.10	\$2.94	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60
21	\$0.45	\$1.35	\$2.25	\$3.15	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
22	\$0.45	\$1.35	\$2.25	\$3.15	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
23	\$0.50	\$1.50	\$2.50	\$3.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00
24	\$0.53	\$1.59	\$2.65	\$3.71	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90
25	\$0.56	\$1.68	\$2.80	\$3.92	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80
26	\$0.56	\$1.68	\$2.80	\$3.92	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80
27	\$0.58	\$1.74	\$2.90	\$4.06	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
28	\$0.61	\$1.83	\$3.05	\$4.27	\$6.10	\$9.15	\$12.20	\$15.25	\$18.30
29	\$0.63	\$1.89	\$3.15	\$4.41	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
30	\$0.63	\$1.89	\$3.15	\$4.41	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
31	\$0.63	\$1.89	\$3.15	\$4.41	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
32	\$0.66	\$1.98	\$3.30	\$4.62	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80
33	\$0.66	\$1.98	\$3.30	\$4.62	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80
34	\$0.68	\$2.04	\$3.40	\$4.76	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40
35	\$0.71	\$2.13	\$3.55	\$4.97	\$7.10	\$10.65	\$14.20	\$17.75	\$21.30
36	\$0.77	\$2.31	\$3.85	\$5.39	\$7.70	\$11.55	\$15.40	\$19.25	\$23.10
37	\$0.84	\$2.52	\$4.20	\$5.88	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20
38	\$0.92	\$2.76	\$4.60	\$6.44	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60
39	\$1.00	\$3.00	\$5.00	\$7.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00
40	\$1.05	\$3.15	\$5.25	\$7.35	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50
41	\$1.10	\$3.30	\$5.50	\$7.70	\$11.00	\$16.50	\$22.00	\$27.50	\$33.00
42	\$1.19	\$3.57	\$5.95	\$8.33	\$11.90	\$17.85	\$23.80	\$29.75	\$35.70
43	\$1.26	\$3.78	\$6.30	\$8.82	\$12.60	\$18.90	\$25.20	\$31.50	\$37.80
44	\$1.34	\$4.02	\$6.70	\$9.38	\$13.40	\$20.10	\$26.80	\$33.50	\$40.20
45	\$1.40	\$4.20	\$7.00	\$9.80	\$14.00	\$21.00	\$28.00	\$35.00	\$42.00
46	\$1.55	\$4.65	\$7.75	\$10.85	\$15.50	\$23.25	\$31.00	\$38.75	\$46.50
47	\$1.76	\$5.28	\$8.80	\$12.32	\$17.60	\$26.40	\$35.20	\$44.00	\$52.80
48	\$1.92	\$5.76	\$9.60	\$13.44	\$19.20	\$28.80	\$38.40	\$48.00	\$57.60
49	\$2.10	\$6.30	\$10.50	\$14.70	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00
50	\$2.31	\$6.93	\$11.55	\$16.17	\$23.10	\$34.65	\$46.20	\$57.75	\$69.30
51	\$2.50	\$7.50	\$12.50	\$17.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00
52	\$2.71	\$8.13	\$13.55	\$18.97	\$27.10	\$40.65	\$54.20	\$67.75	\$81.30
53	\$2.87	\$8.61	\$14.35	\$20.09	\$28.70	\$43.05	\$57.40	\$71.75	\$86.10
54	\$3.08	\$9.24	\$15.40	\$21.56	\$30.80	\$46.20	\$61.60	\$77.00	\$92.40
55	\$3.23	\$9.69	\$16.15	\$22.61	\$32.30	\$48.45	\$64.60	\$80.75	\$96.90
56	\$3.68	\$11.04	\$18.40	\$25.76	\$36.80	\$55.20	\$73.60	\$92.00	\$110.40
57	\$4.18	\$12.54	\$20.90	\$29.26	\$41.80	\$62.70	\$83.60	\$104.50	\$125.40
58	\$4.62	\$13.86	\$23.10	\$32.34	\$46.20	\$69.30	\$92.40	\$115.50	\$138.60
59	\$5.09	\$15.27	\$25.45	\$35.63	\$50.90	\$76.35	\$101.80	\$127.25	\$152.70
60	\$5.49	\$16.47	\$27.45	\$38.43	\$54.90	\$82.35	\$109.80	\$137.25	\$164.70

Child(ren) rates - 48 pay cycles					
Coverage Amount	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Weekly Rate	\$0.32	\$0.63	\$0.94	\$1.25	\$1.56

* Employee life insurance benefit amounts in excess of \$100,000 along with spouse and child amounts in excess of \$10,000 require the completion of the Group Term Life Evidence of Insurability form.

Child coverage cannot exceed the employee coverage amount.

10 Year Level Term Life Insurance Rates

Life insurance premium varies based on your age and the coverage amount elected. *Spouse rates are based on the age of your spouse.*

Employee and spouse rates - 48 pay cycles									
Age	\$10,000	\$30,000	\$50,000	\$70,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
18	\$0.32	\$0.96	\$1.60	\$2.24	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60
19	\$0.32	\$0.96	\$1.60	\$2.24	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60
20	\$0.32	\$0.96	\$1.60	\$2.24	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60
21	\$0.35	\$1.05	\$1.75	\$2.45	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50
22	\$0.37	\$1.11	\$1.85	\$2.59	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10
23	\$0.37	\$1.11	\$1.85	\$2.59	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10
24	\$0.37	\$1.11	\$1.85	\$2.59	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10
25	\$0.40	\$1.20	\$2.00	\$2.80	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
26	\$0.40	\$1.20	\$2.00	\$2.80	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
27	\$0.40	\$1.20	\$2.00	\$2.80	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
28	\$0.42	\$1.26	\$2.10	\$2.94	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60
29	\$0.45	\$1.35	\$2.25	\$3.15	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
30	\$0.47	\$1.41	\$2.35	\$3.29	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10
31	\$0.47	\$1.41	\$2.35	\$3.29	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10
32	\$0.53	\$1.59	\$2.65	\$3.71	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90
33	\$0.53	\$1.59	\$2.65	\$3.71	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90
34	\$0.56	\$1.68	\$2.80	\$3.92	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80
35	\$0.58	\$1.74	\$2.90	\$4.06	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
36	\$0.63	\$1.89	\$3.15	\$4.41	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
37	\$0.68	\$2.04	\$3.40	\$4.76	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40
38	\$0.74	\$2.22	\$3.70	\$5.18	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20
39	\$0.82	\$2.46	\$4.10	\$5.74	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60
40	\$0.89	\$2.67	\$4.45	\$6.23	\$8.90	\$13.35	\$17.80	\$22.25	\$26.70
41	\$0.94	\$2.82	\$4.70	\$6.58	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20
42	\$1.03	\$3.09	\$5.15	\$7.21	\$10.30	\$15.45	\$20.60	\$25.75	\$30.90
43	\$1.08	\$3.24	\$5.40	\$7.56	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40
44	\$1.13	\$3.39	\$5.65	\$7.91	\$11.30	\$16.95	\$22.60	\$28.25	\$33.90
45	\$1.21	\$3.63	\$6.05	\$8.47	\$12.10	\$18.15	\$24.20	\$30.25	\$36.30
46	\$1.37	\$4.11	\$6.85	\$9.59	\$13.70	\$20.55	\$27.40	\$34.25	\$41.10
47	\$1.50	\$4.50	\$7.50	\$10.50	\$15.00	\$22.50	\$30.00	\$37.50	\$45.00
48	\$1.68	\$5.04	\$8.40	\$11.76	\$16.80	\$25.20	\$33.60	\$42.00	\$50.40
49	\$1.84	\$5.52	\$9.20	\$12.88	\$18.40	\$27.60	\$36.80	\$46.00	\$55.20
50	\$2.00	\$6.00	\$10.00	\$14.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00
51	\$2.15	\$6.45	\$10.75	\$15.05	\$21.50	\$32.25	\$43.00	\$53.75	\$64.50
52	\$2.31	\$6.93	\$11.55	\$16.17	\$23.10	\$34.65	\$46.20	\$57.75	\$69.30
53	\$2.50	\$7.50	\$12.50	\$17.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00
54	\$2.63	\$7.89	\$13.15	\$18.41	\$26.30	\$39.45	\$52.60	\$65.75	\$78.90
55	\$2.78	\$8.34	\$13.90	\$19.46	\$27.80	\$41.70	\$55.60	\$69.50	\$83.40
56	\$3.13	\$9.39	\$15.65	\$21.91	\$31.30	\$46.95	\$62.60	\$78.25	\$93.90
57	\$3.44	\$10.32	\$17.20	\$24.08	\$34.40	\$51.60	\$68.80	\$86.00	\$103.20
58	\$3.76	\$11.28	\$18.80	\$26.32	\$37.60	\$56.40	\$75.20	\$94.00	\$112.80
59	\$4.07	\$12.21	\$20.35	\$28.49	\$40.70	\$61.05	\$81.40	\$101.75	\$122.10
60	\$4.39	\$13.17	\$21.95	\$30.73	\$43.90	\$65.85	\$87.80	\$109.75	\$131.70
61	\$4.70	\$14.10	\$23.50	\$32.90	\$47.00	\$70.50	\$94.00	\$117.50	\$141.00
62	\$5.04	\$15.12	\$25.20	\$35.28	\$50.40	\$75.60	\$100.80	\$126.00	\$151.20
63	\$5.36	\$16.08	\$26.80	\$37.52	\$53.60	\$80.40	\$107.20	\$134.00	\$160.80
64	\$5.70	\$17.10	\$28.50	\$39.90	\$57.00	\$85.50	\$114.00	\$142.50	\$171.00
65	\$6.02	\$18.06	\$30.10	\$42.14	\$60.20	\$90.30	\$120.40	\$150.50	\$180.60
66	\$6.51	\$19.53	\$32.55	\$45.57	\$65.10	\$97.65	\$130.20	\$162.75	\$195.30
67	\$7.07	\$21.21	\$35.35	\$49.49	\$70.70	\$106.05	\$141.40	\$176.75	\$212.10
68	\$7.72	\$23.16	\$38.60	\$54.04	\$77.20	\$115.80	\$154.40	\$193.00	\$231.60
69	\$8.38	\$25.14	\$41.90	\$58.66	\$83.80	\$125.70	\$167.60	\$209.50	\$251.40
70	\$9.11	\$27.33	\$45.55	\$63.77	\$91.10	\$136.65	\$182.20	\$227.75	\$273.30

* Employee life insurance benefit amounts in excess of \$100,000 along with spouse and child amounts in excess of \$10,000 require the completion of the Group Term Life Evidence of Insurability form.

I. BASIC INFORMATION				
Group Policyholder:		Group Policy Number:		Date
EMPLOYEE'S (Proposed Insured) NAME (First MI Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: Mo/Day/Yr	
EMPLOYEE'S HOME ADDRESS (Street, City, State, Zip)		Work Phone No.	Social Security No.	Employee ID#
Home Phone No.	Mobile Phone No.	Email		
EMPLOYER NAME			Hire Date: Mo/Day/Yr	Gross Annual Income
Occupation				

Name(s)	DOB: Mo/Day/Yr	Relationship	Sex
Employee	(as above)	Self	(as above)
		Spouse	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 1	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 2	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 3	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 4	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 5	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 6	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 7	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 8	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 9	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 10	M <input type="checkbox"/> F <input type="checkbox"/>

IMPORTANT – READ CAREFULLY
II. EMPLOYEE SECTION

I represent and affirm the following:

1. In the past 12 months, have you missed 5 or more consecutive days of work due to an injury or illness other than as a result of a cold, the flu, back problems, strained/sprained/fractured/broken limb or as a result of pregnancy? Yes No
2. Have you been tested positive for exposure to the Human Immunodeficiency Virus (HIV) infection or been diagnosed as having AIDS-related complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS) caused by the HIV infection or other sickness or condition derived from such infection? Yes No
3. Within the past 6 months have you had a blood pressure reading of 140/90 or higher, been told your blood pressure is uncontrolled, or has your physician added an additional blood pressure medication to your treatment regimen? Yes No
4. Within the past 5 years, have you been diagnosed with diseases or disorders related to, been counseled, consulted, or treated by a doctor, including surgery, for any of the following: Yes No
 - a. Coronary artery disease, chest pain, heart surgery, or any disease of the arteries, or blood disorders; hemophilia; phlebitis? Yes No
 - b. Any mental or psychiatric disorder; Multiple Sclerosis; Parkinson's Disease; stomach or intestinal disorder; Crohn's Disease; Ulcerative Colitis? Yes No
 - c. Cerebrovascular disease, muscular dystrophy, and any other neurological disorder or disorder of the nervous system? Yes No
 - d. Stroke or Transient Ischemic Attack (TIA)? Yes No
 - e. Emphysema, other disease of lungs, or respiratory organs? Yes No
 - f. End stage renal disease; disease of kidney? Yes No
 - g. Cancer, and/or cancerous tumor, including skin cancer? Yes No
 - h. Cirrhosis, alcoholism or drug habit? Yes No

III. SPOUSE AND CHILD SECTION

Complete question 1 if applying for life insurance on your spouse and/or child(ren).

Complete questions 1 and 2 if applying for life insurance above \$10,000 on your spouse and/or above \$10,000 on your child(ren)

Spouse

Child(ren)

1. Is the proposed insured currently disabled or confined to a medical facility due to an injury or illness other than as a result of a cold, the flu, back problems or strained/sprained/fractured/broken limb?

Yes No Yes No

2. In the past 12 months, has the proposed insured been hospitalized on an in-patient or outpatient basis, or treated by a physician due to an injury or illness other than as a result of a cold, the flu, back problems, strained/sprained/fractured/broken limb, routine physical or as a result of pregnancy?

Yes No Yes No

It is very important that you review your evidence of insurability carefully. Misstatements or omissions could cause an otherwise valid claim to be denied.

CONFIDENTIALITY OF MEDICAL INFORMATION

The medical information disclosed on this Evidence of Insurability will not be disclosed to the employer or any other person without the authorization of the proposed insured.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, pharmacy, pharmacy benefits manager or other pharmacy-related services organization, medically related facility, insurance company, or consumer reporting agency to release to Combined Insurance Company of America any information regarding me or my past or present health for the purpose of evaluating this Evidence of Insurability for insurance. I also authorize Combined Insurance Company of America or its reinsurers to disclose all such information to any physician, or any other insurance company in order to evaluate a claim or an application for insurance.

This authorization shall remain valid for a period of two years from the issue date of the coverage. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to me or my representative upon request to Combined.

I understand that any insurance will not take effect unless and until Combined Insurance Company of America approves my enrollment. If coverage cannot be issued as requested under the rules of the company, I authorize Combined Insurance Company of America to issue reduced benefits and adjust premiums to match the coverage issued. I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am requesting allows for alternate methods to pay insurance premiums). This authorization may be revoked at any time.

In applying for this coverage, I represent and affirm that the information which I have given as recorded on this Evidence of Insurability is true and complete to the best of my knowledge and belief.

I understand that any disclosure of information carries with it the potential for any unauthorized re-disclosure and the information may not be protected by the federal confidentiality rules.

This form may be completed by electronic or telephonic means. I acknowledge that Combined Insurance or its agent has verified my identity for this purpose in accordance with any applicable law or regulation. If completed by electronic means, I agree to provide my consent and authorization to complete an electronic transaction to apply for coverage, and that this authorization shall constitute an electronic signature. If completed by telephonic means, I acknowledge that I have not myself physically signed the form, but instead I hereby authorize Combined Insurance or its agent to accept my voice signature response. The responses received on this form will be attached and made part of the Policy.

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

X _____ City: _____ State: _____ Date: _____
Signature of Employee

I, the authorized agent, have on the date of application recorded the information as given to me by the Employee.
Signature of Licensed Agent _____ Code # _____ % Split _____

Agent's Name and License Identification No. (Please Print) _____